

AREA MANAGEMENT EVALUATION

FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Commercial Unit	Central Division	410
EVALUATED BY	DATE	
H. Madrigal	02/24/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE
<input type="checkbox"/> Formal Evaluation	<input checked="" type="checkbox"/> Informal Evaluation	03/02/2009
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report	DATE
BY		<i>N. D. N...</i>
1. USE AND ADEQUACY OF FACILITY		
EVALUATED	ACTION REQUIRED	CORRECTED
Yes	No	

a. Is the facility adequate? ☒ Yes ☐ No

(1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement? ☒ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No

(a) Is storage space used effectively? ☒ Yes ☐ No

(b) Is lighting adequate? ☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED	ACTION REQUIRED	CORRECTED
Yes	Yes	

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? The facility is set for some improvements in flooring in the near future. The recent installation of modular furniture (cubicles) made dramatic improvement in the office workspace.

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☒ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No

(1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No

(2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No

(3) Are there full length mirrors? ☐ Yes ☒ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? Fall 2008		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? 24 hour security is provided by CalTrans including surveillance cameras.		

3. EXTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility? The facility is cleaned and maintained by Cal Trans contracted companies. It reflects a good image of the Department.			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair? N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked? N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail? Cal Trans Facility Maintenance Personnel			
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished?

(1) At what level is it refilled?

g. Are there adequate numbers of emergency power outlets? ☐ Yes ☒ No

(1) Are they distinctively marked? ☐ Yes ☒ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Does Area have a written Emergency Action Plan? **Located in the training room.** ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? **N/A** ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours? **Regularly. The Transportation**

Management Center is located in this building and is staffed 24 hours by CHP uniformed personnel.

(6) Are maximum safety and security measures taken within communications centers? ☒ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read? Copy placed in personnel folder.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	Good. It is regularly inspected by the Fire Marshall.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED Yes	ACTION REQUIRED No
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Commercial	Division: Central	Chapter: 4
Inspected by: H. Madrigal		Date: 02/24/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _16_____ hours	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Central Division Due Date: 05/07/09		
Chapter Inspection: Chapter 4, Facility Maintenance and Security			
Inspector's Comments Regarding Innovative Practices:			

No innovative practices were noted.

Command Suggestions for Statewide Improvement:

No suggestions for Statewide improvement arose from this inspection.

Inspector's Findings:

Inspector's findings were documented in the attached CHP 453D.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Commercial	Division: Central	Chapter: 4
Inspected by: H. Madrigal		Date: 02/24/09

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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>H. Madrigal, CDT</i>	DATE 5/1/09
	INSPECTOR'S SIGNATURE <i>[Signature]</i>	DATE 4/30/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>[Signature]</i>	DATE 6/2/09

AREA 411	DIVISION CENTRAL DIV.	NUMBER 401
EVALUATED BY DON SHUDA		DATE 03/11/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW <i>N. A. [Signature]</i>	
<input type="checkbox"/> Correction Report BY _____		DATE 3/17/09	
1. USE AND ADEQUACY OF FACILITY		EVALUATED ✓	ACTION REQUIRED CORRECTED

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☒ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED ✓	ACTION REQUIRED ✓	CORRECTED
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a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? ALL IN GOOD CONDITION - NEW INTERIOR PAINT AND CARPET INSTALLED MAY 2006.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☒ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? *NA* ☐ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☐ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☐ Yes ☐ No
- (3) Are there full length mirrors? ☐ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☐ Yes ☐ No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
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(5) Are lockers in good condition, with names posted on them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	JULY 2008	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	MOTION DETECTOR/ALARM SYSTEM.	

3. EXTERIOR APPEARANCE	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility? VERY GOOD - TRIM WAS REPAINTED MAY 2006 AND WALLS ARE STUCCO IN GOOD CONDITION.			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair? NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER NA	EVALUATED	ACTION REQUIRED	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?			
c. Are operating instructions posted and easy to understand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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d. Is there a notice posted identifying who to contact should the unit fail?

☐ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing?

☐ Yes ☐ No

f. How often is the fuel supply replenished?

(1) At what level is it refilled?

g. Are there adequate numbers of emergency power outlets?

☐ Yes ☐ No

(1) Are they distinctively marked?

☐ Yes ☐ No**5. EMPLOYEE PROTECTION AND FACILITY SECURITY**

EVALUATED

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan?

☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies?

☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures?

☒ Yes ☐ No

(2) Does the plan work?

☒ Yes ☐ No

(3) Are there sufficient management controls?

☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees?

☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included?

☒ Yes ☐ No

(2) Are employees informed of their responsibilities?

☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security?

☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place?

☒ Yes ☐ No

d. Does the plan address dispatcher security?

NA

☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building?

☐ Yes ☐ No

(3) Should modifications be made to provide better security?

☐ Yes ☐ No

(a) Would intercoms improve security?

☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers?

☐ Yes ☐ No

e. Has training been given for all types of emergency situations?

☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	NOT EQUIPPED WITH ANY OTHER EMERGENCY EQUIPMENT.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <i>NOT REQUIRED PER FACILITIES</i> </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>	
(1) Have changes or updates been sent to the implementing agency?	<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;"> <i>NOT REQUIRED PER FACILITIES</i> </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div>	
6. SAFETY INSPECTION	EVALUATED 	ACTION REQUIRED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	NO IMPROVEMENTS NECESSARY.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

AREA 411	DIVISION Central	NUMBER 401
EVALUATED BY Greg Biklian		DATE 09/04/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Correction Report BY Greg Biklian	COMMANDER'S REVIEW <i>N. A. Antin, Capt</i>
		DATE 9/10/09	

1. USE AND ADEQUACY OF FACILITY

a. Is the facility adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Have steps been taken to modify or replace the current facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) If a leased building, is the owner abiding by the terms of the lease agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is storage space used effectively?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Is lighting adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Does the interior of the facility have a neat, businesslike appearance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. INTERIOR APPEARANCE

	EVALUATED	ACTION REQUIRED	CORRECTED X
a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?			
(1) Is interior lighting adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) If leased, have needed repairs been coordinated with Facilities Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are the duties of the janitor defined and clearly understood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is the janitor fully aware of the supplies available through the requisition process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Is the layout of the general office areas appropriate for the assigned personnel or classification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is there sufficient space available in both the men's and women's locker rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Can several officers comfortably change clothes at the same time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is there enough space for both personal lockers and equipment lockers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are there full length mirrors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are they clean and odor free, with adequate ventilation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Are lockers in good condition, with names posted on them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?		
(1) Are items arranged in a logical manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<i>covered</i> <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?		

3. EXTERIOR APPEARANCE

EVALUATED

ACTION REQUIRED

CORRECTED

a. Overall, what is the general appearance of the exterior of the facility?			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

4. AUXILIARY POWER

EVALUATED

ACTION REQUIRED

CORRECTED

a. Has the efficiency of the auxiliary power unit been tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?		
c. Are operating instructions posted and easy to understand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Is there a notice posted identifying who to contact should the unit fail? ☐ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☐ Yes ☐ No

f. How often is the fuel supply replenished?

(1) At what level is it refilled?

g. Are there adequate numbers of emergency power outlets? ☐ Yes ☐ No

(1) Are they distinctively marked? ☐ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

ACTION REQUIRED

CORRECTED

x

a. Does Area have a written Emergency Action Plan? ☐ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☐ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☐ Yes ☐ No

(2) Does the plan work? ☐ Yes ☐ No

(3) Are there sufficient management controls? ☐ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☐ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☐ Yes ☐ No

(2) Are employees informed of their responsibilities? ☐ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☐ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☐ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☐ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☐ Yes ☐ No

Destroy Previous Editions

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(2) Does the training include building evacuation procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<i>Corrected</i> <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?		

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. SAFETY INSPECTION	EVALUATED	ACTION REQUIRED	CORRECTED
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a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?		


(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?		

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4/2/09 FILE COPY 3c

AREA Bakersfield	EDITION Central	NUMBER 120
EVALUATED BY L. Logan, Sgt.		DATE 03/25/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW  DATE 3-27-09	
BY 1. USE AND ADEQUACY OF FACILITY		EVALUATED 3/25/2009	ACTION REQUIRED Yes - in progress CORRECTED

- a. Is the facility adequate? ☐ Yes ☒ No
- (1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE		EVALUATED 3/25/2009	ACTION REQUIRED Yes - in progress	CORRECTED
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a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Fair to poor. Facility has furniture and equipment of various ages. The clerical area was recently retrofitted with new workstations, and the sergeant's and special duty offices were retrofitted with similar workstations in 2006.

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☐ Yes ☒ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☐ Yes ☒ No

(1) Can several officers comfortably change clothes at the same time? ☐ Yes ☒ No

(2) Is there enough space for both personal lockers and equipment lockers? ☐ Yes ☒ No

(3) Are there full length mirrors? ☐ Yes ☒ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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(5) Are lockers in good condition, with names posted on them?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? Currently in progress.		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? Dispatch personnel are on site 24 hours per day, 7 days per week. Back lot is gated and secured after business hours.		

3. EXTERIOR APPEARANCE

EVALUATED
3/25/2009

ACTION REQUIRED
Yes - in progress

CORRECTED

a. Overall, what is the general appearance of the exterior of the facility? Good. Facility was recently painted, which improved the exterior appearance significantly.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWER

EVALUATED
3/25/2009

ACTION REQUIRED
Yes - in progress

CORRECTED

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? Administrative Sergeant and Automotive Technician		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Approximately twice per week.

(1) At what level is it refilled? 90% (of 10,000 gallon tank)

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
3/25/2009ACTION REQUIRED
No

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☒ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? Dispatchers are satisfied with site security (many park their vehicles in the public lot).

(2) Can dispatchers deal with the public without admitting them into the building? ☒ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☒ No

(a) Would intercoms improve security? ☒ Yes ☐ No

(4) How often are two or more dispatchers on duty? 24 hours per day / 7 days per week.

(5) How often are supervisors or other personnel in the building after normal business hours? Dispatch personnel are in the building 24 hours per day, 7 days per week.

(6) Are maximum safety and security measures taken within communications centers? ☒ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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(2) Does the training include building evacuation procedures? ☒ Yes ☐ No

(3) Do all employees know where fire extinguisher and first aid kits are located? ☒ Yes ☐ No

(a) Do they know how to use them? ☒ Yes ☐ No

(4) Have all employees read the Emergency Action Plan? ☒ Yes ☐ No

(a) Do they know where it's located? ☒ Yes ☐ No

f. Does the building contain asbestos? ☒ Yes ☐ No

(1) Are employees given a copy of the annual asbestos report to read? ☒ Yes ☐ No

(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work? ☒ Yes ☐ No

(3) Is a copy of the notice posted on the employee or occupational safety bulletin board? ☒ Yes ☐ No

(4) Do employees know what to do if they encounter asbestos in the building? ☒ Yes ☐ No

g. Are fire extinguishers provided and serviced as required by the California Administrative Code? ☒ Yes ☐ No

(1) Are first aid kits provided as required by the State Administrative Manual? ☒ Yes ☐ No

(2) Is STD 621, Notice to State Employees, posted and up to date? ☒ Yes ☐ No

(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.? Good. Recent Fire Marshal inspection in early 2008.

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required? ☒ Yes ☐ No

(1) Have changes or updates been sent to the implementing agency? ☒ Yes ☐ No

6. SAFETY INSPECTION

EVALUATED
3/25/2009

ACTION REQUIRED
Yes - in progress

CORRECTED

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual? ☒ Yes ☐ No

b. Has the CHP 113A, Safety Inspection Checklist, been completed? ☒ Yes ☐ No

c. What improvements have been made by the commander as a result of the most recent inspection? Cracks in back parking lot were sealed to extend life of parking surface.

(1) If recommendations required budgeting, have items been put into the budget suspense file? ☒ Yes ☐ No

d. Has the size of the operation outgrown the facility? ☒ Yes ☐ No

(1) If so, what remedial action has been taken? Bakersfield Area underwent a facility evaluation in 2007 and was placed at the top of the list for a new facility. The site selection process for the new facility has already begun. The existing office is very old and inadequate for the number of employees assigned.

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DATE: 03-25-2009

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AREA MANAGEMENT EVALUATION

FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009



FILE COPY

Bakersfield

DIVISION
Central

NUMBER

EVALUATED BY
Kevin Flom, SergeantDATE
07/10/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION

☐ Formal Evaluation
 ☒ Informal Evaluation

SUSPENSE DATE

10/10/2008

FOLLOW-UP REQUIRED

☒ Yes
 ☐ No

☐ Correction Report

BY

COMMANDER'S REVIEW

M 9/12/08

Lt. D. A. Price FOR Capt. B.M. Smith

DATE

9/22/08

1. USE AND ADEQUACY OF FACILITY

EVALUATED

Yes

ACTION REQUIRED

Yes

CORRECTED

a. Is the facility adequate?

☐ Yes
 ☒ No

(1) Have steps been taken to modify or replace the current facility?

☒ Yes
 ☐ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement?

N/A

☐ Yes
 ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment?

☒ Yes
 ☐ No

(a) Is storage space used effectively?

WASH BACK AREA AROUND ASM Shop

☐ Yes
 ☒ No

(b) Is lighting adequate?

☒ Yes
 ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)?

☒ Yes
 ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance?

☐ Yes
 ☒ No

2. INTERIOR APPEARANCE

EVALUATED

Yes

ACTION REQUIRED

Yes

CORRECTED

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?

Dirty.

(1) Is interior lighting adequate?

☒ Yes
 ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section?

N/A

☐ Yes
 ☐ No

(3) Are the duties of the janitor defined and clearly understood?

☒ Yes
 ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process?

☒ Yes
 ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification?

☒ Yes
 ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?

☒ Yes
 ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?

☒ Yes
 ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms?

☐ Yes
 ☒ No

(1) Can several officers comfortably change clothes at the same time?

☐ Yes
 ☒ No

(2) Is there enough space for both personal lockers and equipment lockers?

☐ Yes
 ☒ No

(3) Are there full length mirrors?

☒ Yes
 ☐ No

(4) Are they clean and odor free, with adequate ventilation?

☒ Yes
 ☐ No

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(5) Are lockers in good condition, with names posted on them?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	Feb. 2008	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	Electric security gate and combination door locks.	

3. EXTERIOR APPEARANCE

	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	Good		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	N/A		
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AUXILIARY POWER

	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	Admin. Sergeant and ASM will learn		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Propane/Monthly

(1) At what level is it refilled? 50%

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
Yes

ACTION REQUIRED
Yes

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☒ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? Back doors are often left unlocked or propped open.

(2) Can dispatchers deal with the public without admitting them into the building? ☒ Yes ☐ No

(3) Should modifications be made to provide better security? ☒ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☒ No

(4) How often are two or more dispatchers on duty? Daily.

(5) How often are supervisors or other personnel in the building after normal business hours? Daily.

(6) Are maximum safety and security measures taken within communications centers? ☒ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	N/A	

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. SAFETY INSPECTION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	N/A	

(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	A new Area office is on the drawing board.	

Supplemental to CHP435D Form:

1. USE AND ADEQUACY OF FACILITY
 - a: New facility is in the planning stages
 - (2)(a): Car Port/Wash Bay is filled with numerous items.
Action: Custodian/ASMs will clean and return unused items to Sacramento via 266.
 - (2)(d): Custodian has been given a daily checklist for duties to be completed to fulfill the expectations of the Area.
2. INTERIOR APPEARANCE:
 - (3) Check list recently approved for the custodian stating expectations.
 - a: Custodian has been given a daily checklist for duties.
 - e: (1&2) New facility is in the planning stages.
 5. Lockers are in fair condition with several missing names. Admin. Sergeant notified for correction.
3. EXTERIOR APPEARANCE:
 - c. Night lights around the facility and parking lot are burned out. Custodian and Admin. sergeant will make corrections.
 - e.(1): Training on the location of the island fire extinguisher is needed
4. AUXILIARY POWER:

Custodian needs to clean out area for easier access in case of an emergency.
5. EMPLOYEE PROTECTION AND FACILITY SECURITY
 - (d)(1)(3): ~~ASMs should ensure back doors are locked and secured.~~
6. Correction report to be submitted within 30 days (10/10/08) by Sergeant Flom verifying the above corrections have been made.

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009



10/27/08

AREA

Bakersfield

DIVISION

Central

NUMBER

EVALUATED BY

Kevin Flom, Sergeant

DATE

10/10/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION

☒ Formal Evaluation

☐ Informal Evaluation

SUSPENSE DATE

10/10/2008

FOLLOW-UP REQUIRED

☐ Yes ☒ No

☒ Correction Report

BY Sgt. Kevin Flom

COMMANDER'S REVIEW

TR 10/17/08

LT. D. A. RIVERA CAPT. B.M. SMITH

DATE

10/27/08

1. USE AND ADEQUACY OF FACILITY

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Is the facility adequate?

☐ Yes ☒ No

(1) Have steps been taken to modify or replace the current facility?

☒ Yes ☐ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement?

☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment?

☒ Yes ☐ No

(a) Is storage space used effectively?

☒ Yes ☐ No

(b) Is lighting adequate?

☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)?

☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance?

☐ Yes ☒ No

2. INTERIOR APPEARANCE

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?

(1) Is interior lighting adequate?

☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section?

☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood?

☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process?

☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification?

☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?

☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?

☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms?

☐ Yes ☒ No

(1) Can several officers comfortably change clothes at the same time?

☐ Yes ☒ No

(2) Is there enough space for both personal lockers and equipment lockers?

☐ Yes ☒ No

(3) Are there full length mirrors?

☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	Feb. 2008	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	Electric security gate and combination door locks.	

3. EXTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	Good		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AUXILIARY POWER	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	Admin. Sergeant and ASM		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Propane/Monthly

(1) At what level is it refilled? 50%

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☒ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? Good.

(2) Can dispatchers deal with the public without admitting them into the building? ☒ Yes ☐ No

(3) Should modifications be made to provide better security? ☒ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☒ No

(4) How often are two or more dispatchers on duty? Daily.

(5) How often are supervisors or other personnel in the building after normal business hours? Daily.

(6) Are maximum safety and security measures taken within communications centers? ☒ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	N/A	

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

i. SAFETY INSPECTION

	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. What improvements have been made by the commander as a result of the most recent inspection?	N/A		

(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	A new Area office is on the drawing board.	

Supplemental to CHP435D Form:

1. USE AND ADEQUACY OF FACILITY

a. New facility is in the planning stages

(2)(a): Car Port/Wash Bay is filled with numerous items.

Action: Custodian/ASMs will clean and return unused items to Sacramento via 266.**** Process is still being performed*****

(2)(d): Custodian has been given a daily checklist for duties to be completed to fulfill the expectations of the Area. *****Custodian has been following checklist.****

2. Interior Appearance

5. Lockers are in fair condition with several missing names. Admin. Sergeant notified for correction. **** corrected****

3. EXTERIOR APPEARANCE:

c. Night lights around the facility and parking lot are burned out. Custodian and Admin. sergeant will make corrections.**** CalTrans will or has replaced light bulbs and state electricians will repair any wiring problems.****

e.(1): Training on the location of the island fire extinguisher is needed. ****briefed****

4. AUXILIARY POWER:

Custodian needs to clean out area for easier access in case of an emergency. ****corrected****

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

(d)(1)(3): ~~ASM's should ensure back doors are locked and secured~~ ****ASM and Front Desk Officer notified.****

6. Correction report to be submitted within 30 days (10/10/08) by Sergeant Flom verifying the above corrections have been made. *****Done 10-16-08*****

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Grapevine Insp. Fac.	Central	424
EVALUATED BY	DATE	
S. A. Netzer	03/16/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW	
BY _____		DATE	
		S. A. Netzer	
		09/16/2008	
1. USE AND ADEQUACY OF FACILITY		EVALUATED	ACTION REQUIRED
		X	
a. Is the facility adequate?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(1) Have steps been taken to modify or replace the current facility?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) If a leased building, is the owner abiding by the terms of the lease agreement?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Is storage space used effectively?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(b) Is lighting adequate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(d) Does the interior of the facility have a neat, businesslike appearance?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. INTERIOR APPEARANCE		EVALUATED	ACTION REQUIRED
		X	
a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Needs general repair to all listed.			
(1) Is interior lighting adequate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If leased, have needed repairs been coordinated with Facilities Section?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Are the duties of the janitor defined and clearly understood?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Is the janitor fully aware of the supplies available through the requisition process?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is the layout of the general office areas appropriate for the assigned personnel or classification?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
e. Is there sufficient space available in both the men's and women's locker rooms?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(1) Can several officers comfortably change clothes at the same time?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is there enough space for both personal lockers and equipment lockers?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Are there full length mirrors?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Are they clean and odor free, with adequate ventilation?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	N/A	

3. EXTERIOR APPEARANCE

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. Overall, what is the general appearance of the exterior of the facility?	Needs painted.	
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWER

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?	Supervisors, Officers	
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☐ Yes ☐ No

f. How often is the fuel supply replenished? As needed

(1) At what level is it refilled?

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours? Facility open 24 hours.

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	All working and inspected.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED X	ACTION REQUIRED CORRECTED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	N/A	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	Facility scheduled for expansion project in 2010.	

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Grapevine Insp. Fac.	Division: Central	Chapter: Facility Maintenance and Security
Inspected by: S. A. Nelzer		Date: 03/16/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 1.5 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Central Division Due Date: 05/05/2009		
Chapter Inspection: _____			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Minor repairs needed including paint.
Facility scheduled for remodel in 2010.

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COMMAND INSPECTION PROGRAM
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Page 2

Command: Grapevine Insp. Fac.	Division: Central	Chapter: Facility Maintenance and Security
Inspected by: S. A. Netzer		Date: 03/16/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 04/28/2009
	INSPECTOR'S SIGNATURE 	DATE 04/28/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA	DIVISION	NUMBER
Grapevine Insp. Fac.	Central	4
EVALUATED BY	DATE	
S. A. Netzer	09/16/2008	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE	
<input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation			
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW	DATE
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		S. A. Netzer	09/16/2008
<input type="checkbox"/> Correction Report BY _____			

1. USE AND ADEQUACY OF FACILITY

EVALUATED	ACTION REQUIRED	CORRECTED
X		

- a. Is the facility adequate? ☐ Yes ☒ No
- (1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☒ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED	ACTION REQUIRED	CORRECTED
X		

- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Needs general repair to all listed.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☒ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☐ Yes ☒ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☐ Yes ☒ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☐ Yes ☒ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	N/A	

3. EXTERIOR APPEARANCE	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	Needs painted.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	Supervisors, Officers		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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FACILITY MAINTENANCE AND SECURITY
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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☐ Yes ☐ No

f. How often is the fuel supply replenished? As needed

(1) At what level is it refilled?

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

x

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours? Facility open 24 hours.

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	All working and inspected.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED X	ACTION REQUIRED CORRECTED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	N/A	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	Facility scheduled for expansion project in 2010.	

AREA Sonora	DIVISION Central	NUMBER 425
EVALUATED BY A. K. Pittman		DATE 10/01/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 10/31/2008
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		DATE 10/28/2008
<input type="checkbox"/> Correction Report BY _____		COMMANDER'S REVIEW RSCB / Sen. for L. A. A. A.
1. USE AND ADEQUACY OF FACILITY		EVALUATED Yes
		ACTION REQUIRED Yes
		CORRECTED

a. Is the facility adequate? ☐ Yes ☒ No

(1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement? ☒ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☐ Yes ☒ No

(a) Is storage space used effectively? ☒ Yes ☐ No

(b) Is lighting adequate? ☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
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a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? All are in good working order and condition.

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☒ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☐ Yes ☒ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☐ Yes ☒ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☐ Yes ☒ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☐ Yes ☒ No

(1) Can several officers comfortably change clothes at the same time? ☐ Yes ☒ No

(2) Is there enough space for both personal lockers and equipment lockers? ☐ Yes ☒ No

(3) Are there full length mirrors? ☐ Yes ☒ No

(4) Are they clean and odor free, with adequate ventilation? ☐ Yes ☒ No

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? Inventories in Sonora are conducted quarterly.		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? There is security fence around the perimeter with entrance and exit gates.		
All doors have locks.		

3. EXTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
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a. Overall, what is the general appearance of the exterior of the facility? Neat and clean.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWER	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? Rick White, ASM		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Is there a notice posted identifying who to contact should the unit fail?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. How often is the fuel supply replenished? The generator is run off of propane. The propane tank is a 1000 gallon tank and needs to be filled every three to four months.		
(1) At what level is it refilled? 60%		
g. Are there adequate numbers of emergency power outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they distinctively marked? SEE ATTACHED DOCUMENTATION	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. EMPLOYEE PROTECTION AND FACILITY SECURITY	EVALUATED Yes	ACTION REQUIRED No
a. Does Area have a written Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the plan have procedures for safeguarding employees during all types of emergencies?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does it have general facility security and building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Does the plan work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there sufficient management controls?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does the plan designate duties and responsibilities to specific employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are both uniformed and nonuniformed employees included?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees informed of their responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Has the commander taken all responsible steps available to provide security?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Has the commander visited the facility after normal business hours to ensure security measures are in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Does the plan address dispatcher security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) How do Public Safety Dispatchers feel about the security provided?		
(2) Can dispatchers deal with the public without admitting them into the building?		
(3) Should modifications be made to provide better security?	N A	
(a) Would intercoms improve security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) How often are two or more dispatchers on duty?		
(5) How often are supervisors or other personnel in the building after normal business hours?		
(6) Are maximum safety and security measures taken within communications centers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Has training been given for all types of emergency situations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have both uniformed and nonuniformed been given the training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	All are serviceable.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED Yes	ACTION REQUIRED No
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection? The mechanic's area has been cleaned, the entire parking area has been paved and re-striped. More electrical outlets were placed in the briefing room. Sonora Area is actively working with Facilities Section on procuring a new facility.		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken? Sonora Area Commander has been in contact with the Facilities Section Commander and is actively working with Facilities Section on procuring a new facility.		
See attached documentation.		

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
Chapter 04
Facility Maintenance and Security

This Command strives to do the best with what we have. Our facility is neat, clean and in good working order. The Area Commander has made several attempts with Facilities Section to solve our problem of overcrowding and lack of available storage space. We are scheduled to have a temporary building placed in our back lot which will be utilized for a briefing room and additional storage. This is a temporary fix to the facility issues in the Sonora Area. We are working with Facilities Section to procure a new facility as soon as possible. Facilities Section has completed their inspection of the Sonora Area facility. Sonora Area and Facilities Section are trying to become part of the planned Law and Justice Center for Tuolumne County.

Section:

1. USE AND ADEQUACY OF FACILITY

The Sonora Area office is inadequate for the number of personnel required to provide service to Tuolumne County. The locker room is completely full of lockers which are all assigned. There is inadequate room to comfortably change when all personnel assigned to a shift are getting ready for work at the same time. There aren't any mirrors in the locker room. The door to the bathroom opens into the locker room creating a hazard to people walking in and out. Signs have been put in place to warn of the hazard. The female bathroom is also the female locker room. For privacy, the one female officer assigned to Area has to utilize the shower space to change. Neither of the bathrooms in the office have exhaust fans or windows for ventilation. The Women's bathroom is also used for storage of office supplies.

There is not enough storage at the Area office for all of the gear required by the Department. Much of the required equipment is stacked on the tire racks in the shop bays. Due to the lack of storage area, three of the four bays in the mechanic's area are used for storage of both equipment and tires. There is only one service bay to work on cars and no bays available for VIN officers to perform inspections.

2. INTERIOR APPEARANCE

There are only three enclosed offices which consist of a Sergeant's Office, the Commander's Office, and the Office Manager's Office. Special Duty Officers are required to sit in front area of the building which is open to all personnel. Their day to day duties are interrupted by employees utilizing the break room, using the copier and other business required of them in the front office. The front lobby area for the public is only large enough to comfortably seat two people while they

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
Chapter 04
Facility Maintenance and Security

2. INTERIOR APPEARANCE (Continued)

are conducting business with office staff.

3. EXTERIOR APPEARANCE

The Sonora Area does not have a fueling station therefore a portion of this section does not apply. The removal of the old underground fuel storage tanks has been completed. Due to the Sonora Area having a short term lease, Area will not be installing an above ground fuel storage tank.

The Area does not have a violation clearing station. The Area does not currently have a problem with parking. Therefore, there is not a current issue with not having an area for violation clearances.

The Area does not have motorcycle parking. We are currently working with Facilities Section to procure a new facility. The issue of motorcycle parking will be addressed in the future.

Sonora Area has installed a new automatic gate opener and security fencing.

4. AUXILIARY POWER

The generator is large enough to run the entire office. Certain outlets are designated for use when using generator power. However, these outlets are not currently labeled. Area will attempt to identify these outlets during upcoming generator tests. Due to the amount of equipment and supplies in the office, this will be a time consuming task to be completed by March 31, 2009.

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

No issues were discovered in this portion of the inspection.

6. SAFETY INSPECTION

No issues were discovered in this portion of the inspection.



A. K. Pittman, #11787
Sergeant

Memorandum

Date: March 24, 2009

To: Central Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Buttonwillow Area

File No.: 426.13088

Subject: AREA MANAGEMENT EVALUATION

The attached informal evaluation was conducted on the Area's Facility Maintenance and Security in accordance with HPG 22.1. The informal evaluation revealed the various functions contained with Chapter 4 are primarily overseen by an Area supervisor assigned to the 0700 shift. The informal evaluation revealed no corrections were needed.

If you have any questions, please feel free to contact me at (661) 764-5580.



D. L. GREEN, Lieutenant
Commander
Buttonwillow Area

Attachments

AREA MANAGEMENT EVALUATION

FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

AREA Buttonwillow	DIVISION Central	NUMBER
EVALUATED BY Officer Sam Arrington		DATE 03/24/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>M. J. [Signature]</i>	DATE 3/24/09
BY		EVALUATED Yes	ACTION REQUIRED No
1. USE AND ADEQUACY OF FACILITY		CORRECTED	

a. Is the facility adequate? ☒ Yes ☐ No

(1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No

(a) Is storage space used effectively? ☒ Yes ☐ No

(b) Is lighting adequate? ☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Floors are in good condition, the walls were painted within the last 5 years and the countertops are in good condition.

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No

(1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No

(2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No

(3) Are there full length mirrors? ☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours? The gates remain closed during business hours. The side and rear doors remain locked. An armed officer is always present during business hours.		

3. EXTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility? The exterior has been recently pressure washed and is in good condition.			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail? ASM and Janitor			
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Semi Annually

(1) At what level is it refilled? 50%

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☒ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	N/A	
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	Smoke Detectors are working.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED Yes	ACTION REQUIRED No
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection? Recently all locks have been changed and the code on the gate keypad has been changed. The lights in the parking have been replaced and the timer has been adjusted.		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	N/A	
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

The Area's Facility Maintenance and Security conforms to all requirements outlined in HPG 22.1, Chapter 4.

Memorandum

Date: April 17, 2008

To: Central Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Buttonwillow Area

File No.: 426.11442

Subject: AREA MANAGEMENT EVALUATION

The attached informal evaluation was conducted on the Area's Facility Maintenance and Security in accordance with HPG 22.1. The informal evaluation revealed the various functions contained with Chapter 4 are primarily overseen by an Area supervisor assigned to the 0700 shift. The informal evaluation revealed no corrections were needed.

If you have any questions, please feel free to contact me at (661) 764-5580.



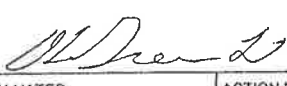
D. L. GREEN, Lieutenant
Commander
Buttonwillow Area

Attachments

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

AREA Buttonwillow	DIVISION Central	NUMBER
EVALUATED BY Sgt. Hester		DATE 03/22/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		CORRECTION REPORT <input type="checkbox"/> Correction Report	
BY		COMMANDER'S REVIEW 	DATE 4-27-08
1. USE AND ADEQUACY OF FACILITY		EVALUATED Yes	ACTION REQUIRED No

- | | | |
|---|---|--|
| a. Is the facility adequate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Have steps been taken to modify or replace the current facility? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (a) If a leased building, is the owner abiding by the terms of the lease agreement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is storage space used effectively? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Is lighting adequate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Does the interior of the facility have a neat, businesslike appearance? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

2. INTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Floors are in good condition, the walls were painted within the last 5 years, and the countertops are in good condition.

- | | | |
|---|---|-----------------------------|
| (1) Is interior lighting adequate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) If leased, have needed repairs been coordinated with Facilities Section? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are the duties of the janitor defined and clearly understood? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (a) Is the janitor fully aware of the supplies available through the requisition process? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is the layout of the general office areas appropriate for the assigned personnel or classification? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Is there sufficient space available in both the men's and women's locker rooms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Can several officers comfortably change clothes at the same time? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is there enough space for both personal lockers and equipment lockers? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are there full length mirrors? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are they clean and odor free, with adequate ventilation? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	January 2008	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	The gates remain closed during business hours. The side and rear doors remain locked. An armed officer is always present during business hours.	

3. EXTERIOR APPEARANCE	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Overall, what is the general appearance of the exterior of the facility? **Good**

b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWER	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?	ASM and Janitor	
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Semi Annually

(1) At what level is it refilled? 50 %

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☐ Yes ☒ No

d. Does the plan address dispatcher security? ☐ Yes ☒ No

N/A

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	Smoke Detectors are working.	

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. SAFETY INSPECTION	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	No improvements were necessary.	

(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

The Area's Facility Maintenance and Security conforms to all requirements outlined in HPG 22.1, Chapter 4.

AREA Fort Tejon	DIVISION Central	NUMBER 430
EVALUATED BY Craig H. Whitby		DATE 03/06/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>JR Don LT</i>	DATE 3-10-09
BY		EVALUATED 3/6/2009	ACTION REQUIRED No
1. USE AND ADEQUACY OF FACILITY		CORRECTED	

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED 3/6/2009	ACTION REQUIRED No	CORRECTED
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a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Counter tops could be replaced in the near future. The tile floors have some cracking.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? 8/25/2008		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? All external doors are locked and an electrical gate controls access to the parking area.		

3. EXTERIOR APPEARANCE	EVALUATED 3/6/2008	ACTION REQUIRED No	CORRECTED
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a. Overall, what is the general appearance of the exterior of the facility? Freshly painted exterior, Natural landscaping.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWER	EVALUATED 3/6/2009	ACTION REQUIRED No	CORRECTED
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a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? Special Duty Officers, ASML, Maintenance Worker, Sergeants.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? As needed. There are two large LP tanks to run the generator.

(1) At what level is it refilled? Under 50%

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
3/6/2009

ACTION REQUIRED
No

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes, ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

We do not have a dispatch center.

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	N/A	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED 3/6/2009	ACTION REQUIRED No
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	Eyewash station installed, fire extinguisher signs posted, safety guards for propane tanks installed, emergency escape routes posted, emergency shut off signs posted.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Fort Tejon	Division: Central	Number 430
Inspected by: C. H. Whitty		Date: 03/06/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 3 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____			
Chapter Inspection: Chapter 4 Facility Maintenance and Security			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

The condition of the floors and counter tops are acceptable, however, they will need to be updated in the near future.

The men's locker room is at maximum capacity, with the addition of two male officers in July, there is a potential for overcrowding. The Commander is aware of the issue and is working on potential solutions.

The front door locking device is worn out and sticks open at times. The Commander has requested the installation of a deadbolt to secure the front lobby.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT
Page 2

Command: Fort Tejon	Division: Central	Chapter: 4
Inspected by: C.H. Whitty		Date: 3/6/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 3-6-09
	INSPECTOR'S SIGNATURE 	DATE 3/6/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA Fort Tejon	DIVISION Central	NUMBER 430
EVALUATED BY C. Whitty		DATE 02/20/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY		COMMANDER'S REVIEW <i>[Signature] LT</i>	DATE <i>2-21-08</i>
USE AND ADEQUACY OF FACILITY		EVALUATED 2/20/2008	ACTION REQUIRED No
		CORRECTED	

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

INTERIOR APPEARANCE	EVALUATED 2/20/2008	ACTION REQUIRED No	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Interior and exterior freshly painted. Tile floors have some cracking. Counter tops in front office could be replaced in the near future. Ceiling panels are being replaced as needed.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	All exterior doors are locked and an electronic gate controls access to the parking area.	
h. (2) Supplies are awaiting pickup.		

3. EXTERIOR APPEARANCE	EVALUATED 2/20/2008	ACTION REQUIRED No	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	Freshly painted exterior. Natural landscaping.		
Parking area is scheduled for sealing in the Spring.			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED 2/20/2008	ACTION REQUIRED No	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	Special duty officers, ASM, Janitor, All sergeants.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? As needed.

(1) At what level is it refilled? Under 50% full.

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITYEVALUATED
2/20/2008ACTION REQUIRED
No

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours? Daily

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	N/A	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED 2/20/2008	ACTION REQUIRED No
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	Fire extinguisher signs posted, safety guards for propane tanks installed, emergency escape routes posted, emergency shut off signs posted.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

AREA MANAGEMENT EVALUATION

FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

AREA Hanford	DIVISION Central	NUMBER
EVALUATED BY Doug Puder, ID 10045		DATE 03/27/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 11/01/2009	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW DATE 03/27/2009
1. USE AND ADEQUACY OF FACILITY		EVALUATED 03/23/2009	ACTION REQUIRED Yes CORRECTED

a. Is the facility adequate? ☒ Yes ☐ No

(1) Have steps been taken to modify or replace the current facility? ☐ Yes ☐ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No

(a) Is storage space used effectively? ☐ Yes ☒ No

(b) Is lighting adequate? ☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED 03/23/2009	ACTION REQUIRED Yes	CORRECTED
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a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Flooring in the men's locker room and the break room is "bubbling" and needs to be replaced. The interior of the facility also needs to be painted. Our analyst at Facilities Section, Mr. Pete Conejo, has been made aware of these discrepancies and indicates they will be corrected when funding is available.

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☐ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No

(1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No

(2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No

(3) Are there full length mirrors? ☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

Destroy Previous Editions

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AREA MANAGEMENT EVALUATION
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(5) Are lockers in good condition, with names posted on them?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? During the annual equipment inventory in 2008.		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours? The facility has good external security lighting as well as an alarm system.		

3. EXTERIOR APPEARANCE	EVALUATED 03/23/2009	ACTION REQUIRED None.	CORRECTED N/A
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a. Overall, what is the general appearance of the exterior of the facility? The facility has a faux brick exterior which is in excellent condition.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWER	EVALUATED 03/23/2009	ACTION REQUIRED None.	CORRECTED N/A
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a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? Sergeant Frank Smith, Auto Tech. Richard Paredes and Doug Puder.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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FACILITY MAINTENANCE AND SECURITY

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? On an "as needed" basis, usually between 30 and 60 day intervals.

(1) At what level is it refilled? Usually when the tank with the highest capacity (two tank system) drops to 40% capacity.

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
03/23/2009

ACTION REQUIRED
None.

CORRECTED
N/A

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? N/A

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty? N/A

(5) How often are supervisors or other personnel in the building after normal business hours? N/A

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☐ Yes ☒ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	Their condition is good and the equipment is inspected regularly.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED 03/23/2009	ACTION REQUIRED None
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	The last inspection was conducted on 8/08/2008. As a result of this inspection, the skylight above the front office entrance was repaired, a light bulb in the "Exit" sign near the south office door was replaced, a leak in the water heater in the janitorial room was repaired and an electrical plug cover above the women's bathroom sink was replaced. Mr. Pete Cornejo of Facilities Section was also advised of other needed repairs.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?	N/A	

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Hanford	Division: Central	Chapter: Four (4)
Inspected by: Doug Puder, ID 10045		Date: 03/23/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 6 _____ hours	X Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: ___ Central Division ___ Due Date: 11/01/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:

Facilities Section is currently responsible for coordinating repairs to, and maintenance of, all CHP facilities. Consequently, in the interest of efficiency, expediency and proper accountability, personnel from Facilities Section should be responsible for completing the portion of this inspection which is directly related to the condition of the CHP owned/leased building(s). Even if an exception is discovered during this inspection, repairs to the facility must be coordinated through Facilities Section. It seems only appropriate that they should also be the ones who are evaluating this specific portion of the inspection. Area personnel would still be responsible for evaluating the portion of this chapter dealing with emergency preparedness and employee safety.

If this were to occur, this inspection may need to be separated into two separate portions: the first dealing with the facility, and the second dealing with emergency preparedness and employee safety.

Inspector's Findings:

Refer to attached Chapter 4 evaluation.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT
Page 2

Command: Hanford	Division: Central	Chapter: Four (4)
Inspected by: Doug Puder, ID 10045		Date: 03/23/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

N/A

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

Required Action

Corrective Action Plan/Timeline

Section 1.a.(2).(a) – The storage area immediately adjacent and to the east of the Area's generator room needs to be cleaned, organized and purged of unnecessary/excess materials.

Section 2.e.(5) – Employee lockers in the men's locker room are not in good condition. These lockers need to be replaced. Replacement lockers have already been purchased and are in storage.

The Hanford Area plans to correct both of the aforementioned discrepancies prior to **November 1, 2009**.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures)	COMMANDER'S SIGNATURE <i>Doug Puder, LT.</i>	DATE 4/27/09
	INSPECTOR'S SIGNATURE <i>Doug Puder, LT.</i>	DATE 4/27/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA HANFORD	DIVISION CENTRAL	NUMBER
EVALUATED BY DOUG POER #10045		DATE 9/29/08

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION Formal Evaluation <input type="checkbox"/> Informal Evaluation <input checked="" type="checkbox"/>	SUSPENSE DATE
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY _____	COMMANDER'S REVIEW Doug Poer, LT DATE 9/29/08
1. USE AND ADEQUACY OF FACILITY	EVALUATED 2/20/08 ACTION REQUIRED NONE CORRECTED N/A

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? **N/A** ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED 2/20/08 DMP	ACTION REQUIRED NONE	CORRECTED N/A
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a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? **THERE IS SOME "BUBBLING" AND UNEVEN SURFACES IN LINOLEUM (MEN'S LOCKER ROOM AND KITCHEN). FACILITIES SECTION HAS BEEN MADE AWARE OF THIS ISSUE.**

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? **N/A** ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? **N/A CONTRACT JANITOR** ☐ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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(5) Are lockers in good condition, with names posted on them?	<i>NEW LOCKERS WERE PURCHASED</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<i>ITEMS ARE REGULARLY PURGED</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	<i>NOVEMBER 2007</i>		
(1) Are items arranged in a logical manner?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	<i>THE BUILDING HAS GOOD EXTERNAL LIGHTING AND A MONITORED ALARM SYSTEM.</i>		

3. EXTERIOR APPEARANCE

EVALUATED <i>2/20/08</i> <i>OMP</i>	ACTION REQUIRED <i>NONE</i>	CORRECTED <i>N/A</i>
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a. Overall, what is the general appearance of the exterior of the facility?	<i>FACILITY IS WELL KEPT. RECENTLY UPGRADED FENCING SLATS INSTALLED IN FRONT OF FACILITY.</i>		
b. Are all painted surfaces neat and clean, free of peeling paint?	<i>FACILITY NEEDS TO BE RE-PAINTED. FACILITIES SECTION NOTIFIED.</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<i>RECONDITIONED IN 2006</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<i>REPAINTED IN 2006</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<i>N/A</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWER

EVALUATED <i>2/20/08</i> <i>OMP</i>	ACTION REQUIRED <i>NONE</i>	CORRECTED <i>N/A</i>
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a. Has the efficiency of the auxiliary power unit been tested?	<i>REGULARLY</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?	<i>OFFICER DUNN, SGT. SMITH, LT. FIDOR</i>		
c. Are operating instructions posted and easy to understand?	<i>INSIDE GENERAL GTS SYSTEM CABINET MOUNTED ON EAST WALL</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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FACILITY MAINTENANCE AND SECURITY

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? *APPROX. 10-12 TIMES PER YEAR*

(1) At what level is it refilled? *NO LESS THAN 25% CAPACITY AT ALL TIMES*

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? *RED OUTLETS* ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED *2/20/08* ACTION REQUIRED*DMP NONE*

CORRECTED

N/A

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? *POSITIONS ARE IDENTIFIED, NOT INDIVIDUALS* ☐ Yes ☒ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? *N/A* ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? *N/A*

(2) Can dispatchers deal with the public without admitting them into the building? *N/A* ☐ Yes ☐ No

(3) Should modifications be made to provide better security? *N/A* ☐ Yes ☐ No

(a) Would intercoms improve security? *N/A* ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty? *N/A*

(5) How often are supervisors or other personnel in the building after normal business hours? *N/A*

(6) Are maximum safety and security measures taken within communications centers? *N/A* ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

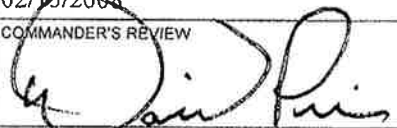
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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do they know where it's located?	LABELED BRIGHT RED BINDER IN REAR OF BRIEFING ROOM		
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are employees given a copy of the annual asbestos report to read?	N/A		
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	N/A		
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	N/A		
(4) Do employees know what to do if they encounter asbestos in the building?	N/A		
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	ALL EMERGENCY SYSTEMS ARE REGULARLY SERVICED AND IN WORKABLE CONDITION		
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. SAFETY INSPECTION	EVALUATED 9/25/08 DMP	ACTION REQUIRED NONE	CORRECTED N/A
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	ON 8/08/08		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	FACILITIES SECTION HAS BEEN CONTACTED AND MADE AWARE OF NEEDED REPAIRS INCLUDING EYE-WASH STATION IN AUTOMOTIVE GARAGE, SKYLIGHT LEAK, CRACKS IN ASPHALT.		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	MAINTENANCE NOTIFIED		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Has the size of the operation outgrown the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?			

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
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AREA Mariposa	DIVISION Central	NUMBER 455
EVALUATED BY Sergeant J. Adkins, #11662		DATE 02/11/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 02/15/2008
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 
BY Sergeant Adkins, #11662		DATE 5-30-08

1. USE AND ADEQUACY OF FACILITY

EVALUATED X	ACTION REQUIRED	CORRECTED
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- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED	ACTION REQUIRED	CORRECTED X
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? All surfaces are in very good condition. Tile flooring has been replaced.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	January 30, 2007	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	The facility is secured by the facility exterior walls and chain link fencing with barbed wire. Access is monitored and controlled by the special duty officers and clerical staff.	

3. EXTERIOR APPEARANCE	EVALUATED X	ACTION REQUIRED	CORRECTED
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a. Overall, what is the general appearance of the exterior of the facility?	Clean and in good repair.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED	ACTION REQUIRED	CORRECTED X
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a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?	Sergeant Duncan.	
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

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d. Is there a notice posted identifying who to contact should the unit fail?

☒ Yes☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing?

☒ Yes☐ No

f. How often is the fuel supply replenished? As needed, there is no regular time.

(1) At what level is it refilled? At the 40% level.

g. Are there adequate numbers of emergency power outlets?

☒ Yes☐ No

(1) Are they distinctively marked?

☒ Yes☐ No**5. EMPLOYEE PROTECTION AND FACILITY SECURITY**

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan?

☒ Yes☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies?

☒ Yes☐ No

(1) Does it have general facility security and building evacuation procedures?

☒ Yes☐ No

(2) Does the plan work?

☒ Yes☐ No

(3) Are there sufficient management controls?

☒ Yes☐ No

c. Does the plan designate duties and responsibilities to specific employees?

☒ Yes☐ No

(1) Are both uniformed and nonuniformed employees included?

☒ Yes☐ No

(2) Are employees informed of their responsibilities?

☒ Yes☐ No

(3) Has the commander taken all responsible steps available to provide security?

☒ Yes☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place?

☒ Yes☐ No

d. Does the plan address dispatcher security?

☐ Yes☒ No

(1) How do Public Safety Dispatchers feel about the security provided? The Mariposa Area has no dispatch facilities on site.

(2) Can dispatchers deal with the public without admitting them into the building?

☐ Yes☐ No

(3) Should modifications be made to provide better security?

☐ Yes☐ No

(a) Would intercoms improve security?

☐ Yes☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers?

☐ Yes☐ No

e. Has training been given for all types of emergency situations?

☒ Yes☐ No

(1) Have both uniformed and nonuniformed been given the training?

☒ Yes☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	The facility has no fire sprinklers or fire hoses. There are ample fire extinguishers placed throughout the facility.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED X	ACTION REQUIRED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	None. None have been needed.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

4. Auxillary Power - Lloyd Watson the Supervisor of the north shop for the Tele-communications section was contacted. He related that these issues have been found to be prevalent through out the state prior to his assuming this new position. Now that he is aware of the issues in the Mariposa Area, issues b,c,d and g will be remedied on the next routine visit by his technician during the routine inspection.

4.e The routine inspection for the Tele-communications section technician is erratic but appears to be between 4-8 weeks. Lloyd Watson the Supervisor of the north shop for the Tele-communications section is aware.

5.d. The Mariposa Area has no dispatch facilities.

5.h (1) No changes or updates have been made since 02/20/2004

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

AREA Mariposa	DIVISION Central	NUMBER 455
EVALUATED BY Sergeant Edward Greene, #11281		DATE 03/27/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/01/2009
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BY _____		COMMANDER'S REVIEW <i>E. Greene, SGT #11281</i> Lt. D. J. Price, #9628 <i>ACTING COMMANDER</i>
		DATE 03/27/2009
1. USE AND ADEQUACY OF FACILITY		
EVALUATED X		ACTION REQUIRED CORRECTED

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? *N/A* ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED X	ACTION REQUIRED	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? All surfaces are in very good condition. The front lobby, kitchen and the automotive office tile was replaced by the California Conservation Corps.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? *N/A* ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☐ Yes ☒ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? 01/30/2007		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	Facility exterior walls and chain link fencing with barb wire secure the rear parking area. The front gate is monitored by close circuit camera by the receptionist.	

3. EXTERIOR APPEARANCE	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	Clean and in good repair. The exterior wood trim and gutters needs to be painted. A new CHP/DMV sign was moved to the S/W side of the facility to make it more visible to the public.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	Sergeant Greene		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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- d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No
- e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No
- f. How often is the fuel supply replenished? As needed. There is no regular set time.

(1) At what level is it refilled? At the 40% level. The area is equipped with two 575 gallon liquid propane tanks.

- g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No
- (1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

X

ACTION REQUIRED

CORRECTED

- a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No
- b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No
- (1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No
- (2) Does the plan work? ☒ Yes ☐ No
- (3) Are there sufficient management controls? ☒ Yes ☐ No
- c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No
- (1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No
- (2) Are employees informed of their responsibilities? ☒ Yes ☐ No
- (3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No
- (4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No
- d. Does the plan address dispatcher security? *N/A* ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? The Mariposa Area does not have a dispatch facility on site.

- (2) Can dispatchers deal with the public without admitting them into the building? *N/A* ☐ Yes ☐ No
- (3) Should modifications be made to provide better security? *N/A* ☐ Yes ☐ No
- (a) Would intercoms improve security? *N/A* ☐ Yes ☐ No
- (4) How often are two or more dispatchers on duty? N/A

(5) How often are supervisors or other personnel in the building after normal business hours? N/A

(6) Are maximum safety and security measures taken within communications centers? *N/A* ☐ Yes ☐ No

- e. Has training been given for all types of emergency situations? ☒ Yes ☐ No
- (1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	The facility has no fire sprinklers or fire hoses. There are sufficient amount of fire extinguishers placed throughout the facility.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED X	ACTION REQUIRED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	The Area has resurfaced and striped the front and rear parking lots, installed a remote entrance gate, fuel and DMV canopy for VIN verifications, privacy screening on the rear parking lot fence, new CHP/DMV sign, replace the wood patio cover, constructed a covered portable garage, installed new storage cabinets above the officers lockers and replaced the tile flooring in the main lobby, kitchen and automotive office.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?	N/A	

DATE: 03/27/2009

[illegible]

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Oakhurst Area	Division Central	Chapter: HPG 22.1 ch.4
Inspected by: Sgt. Jack Mears		Date: 03/25/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Central Division Due Date: May 7, 2009	<i>Sandra Adams, LT</i>	
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

See attached inspection and narrative.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Oakhurst Area	Division: Central	Chapter: HPG 22.1 ch. 4
Inspected by: Sgt. Jack Mears		Date: 3/25/2009

Page 2

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Facility improvements are out of the control of the Area. Budget constraints dictate the progress of new facility construction, and until a decision is made to continue with the construction or not, no improvements are being entertained.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Unknown at this time.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>Andrea Adams, LT</i>	DATE 4/27/09
	INSPECTOR'S SIGNATURE	DATE
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

AREA Oakhurst	DIVISION Central	NUMBER 456
EVALUATED BY J.M. MEARS		DATE 03/01/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/31/2009	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		BY BY	COMMANDER'S REVIEW <i>J. Adams, Lt</i>
<input type="checkbox"/> Correction Report		DATE 03/25/2009	

1. USE AND ADEQUACY OF FACILITY

EVALUATED YES	ACTION REQUIRED YES	CORRECTED
a. Is the facility adequate?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(1) Have steps been taken to modify or replace the current facility?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) If a leased building, is the owner abiding by the terms of the lease agreement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is storage space used effectively?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Is lighting adequate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(d) Does the interior of the facility have a neat, businesslike appearance?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. INTERIOR APPEARANCE

EVALUATED YES	ACTION REQUIRED YES	CORRECTED
a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Ceiling tiles show areas of water leakage. The ceiling leaks in heavy rain between two sections of the modular building. The doors within the building are not level and are difficult to close completely, or slam when closing. The women's room faucet controls are backward and one is broken.		
(1) Is interior lighting adequate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) If leased, have needed repairs been coordinated with Facilities Section?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are the duties of the janitor defined and clearly understood?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is the janitor fully aware of the supplies available through the requisition process?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the layout of the general office areas appropriate for the assigned personnel or classification?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
e. Is there sufficient space available in both the men's and women's locker rooms?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(1) Can several officers comfortably change clothes at the same time?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is there enough space for both personal lockers and equipment lockers?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(3) Are there full length mirrors?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4) Are they clean and odor free, with adequate ventilation?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are appliances in good working order?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	July 2008	
(1) Are items arranged in a logical manner?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	The front and back doors are double locked. After normal business hours and when the building is vacant, the rear gate is locked.	

3. EXTERIOR APPEARANCE	EVALUATED YES	ACTION REQUIRED YES	CORRECTED
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a. Overall, what is the general appearance of the exterior of the facility?	The exterior could use paint		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED YES	ACTION REQUIRED NO	CORRECTED
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a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?	Anyone can start the unit, attached are easy to read instructions.	
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Approximately every two years.

(1) At what level is it refilled?

g. Are there adequate numbers of emergency power outlets? ☐ Yes ☒ No

(1) Are they distinctively marked? ☐ Yes ☒ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
YES

ACTION REQUIRED
YES

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION

FACILITY MAINTENANCE AND SECURITY

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	N/A	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY INSPECTION	EVALUATED YES	ACTION REQUIRED NO
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	See narrative	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	Land has been purchased, and architectural plans have been completed for a new facility, however, due to budget restrictions, the construction has been delayed.	

1. USE AND ADEQUACY OF FACILITY

The Oakhurst Area is currently housed in a temporary facility. The facility is a state owned triple wide modular building. The facility inadequately serves the area personnel, which consists of 23 uniformed and 3 non-uniformed employees. The Department of General Services (DGS) has obtained property and was expected to break ground on a new permanent facility in mid-2009 however budget constraints have delayed this progress.

1. a - This facility is inadequate for the purpose of housing a CHP Area of this size. The office is a state owned triple wide trailer. The facility is nearly 25 years old and is rapidly reaching its life expectancy for a trailer. The facility is feeling its age with needs of many small repairs. The facility is located on a portion of land which is currently owned by the Department of Transportation. The property is primarily used by Cal-Trans, and the CHP is a guest on this property. The Area has outgrown this facility due to the limited mandated storage needs, the number of employees, and the required equipment necessary to facilitate the daily operations of the Area.

1.a (2) (d) - The arrangement of the office is pleasant but cramped and somewhat efficient; however, the following deficiencies were noted:

The men's locker room has various articles of clothing , footwear and other items stored atop lockers. This detracts from the overall professional appearance. Additionally, the shower stall in the men's locker room is currently being used for storage of officer Personal Protective Equipment (PPE). This prevents the shower from being used for its intended purpose. There currently is no room to store the PPE's in the office and without costly renovation this is not an available option based on the expected move in the near future.

The women's restroom, although not visible or open to the public serves double duty as the women's locker room. The women's restroom is made available to other governmental employees or invited visitors. The locker/restroom serves two female uniformed officers and a female employee. The women's locker/restroom supports one locker which diminishes its size and functionality either a restroom or locker room. The uniformed officers use this space to change clothes, prepare for work, store their uniforms, and secure their departmentally issued equipment. This double duty detracts from a professional businesslike appearance. Once again, there is no room to grow without costly renovation.

The briefing room and debriefing room are combined into a single work space due to the limited office size. Attempting to conduct briefings with employees about to start their shift, while employees that are about to end their shift are using the same work space, is difficult. Additionally, the briefing and debriefing room is located at one of the two only entry points to the office. Briefing is often disrupted by employees passing through to access the building.

ACTION ITEMS:

- Area to prepare a briefing item instructing officers to remove non-essential items from locker tops and arrange for the janitor to dust and clean locker tops. _

- Area supervisors to remind officers to be courteous and less disruptive as they pass through the briefing area.

2. INTERIOR APPEARANCE

2.a - The overall interior appearance of the facility is in fair condition with the exception of the previously noted items. The walls and floors are kept clean and free of grime. The lighting is adequate and is replaced when necessary. Because of the lack of space, the office personnel work diligently to keep the office looking professional and businesslike.

2.b - The office currently supports one Office Technician and one half-time Office Assistant to conduct clerical duties. The desk on which the OT performs her duties is cluttered with required manuals, desk references, a computer, and additional essential work items. Both work spaces are limited mostly due to size of the available space. The OT desk is in plain view of the public and is the first impression the public has of this CHP office.

2.c - The office currently supports two special duty officers who split many collateral duties. The special duty office is cramped and can only support the occupancy of one officer and some necessary files. The second officer, as part of his duties, is the training officer. The training officer's desk is outside the special duty office in plain view of the public. The training officer routinely handles training tools and equipment. By the mere nature of his assignment, some of those items should be concealed from the view to the general public.

2.f - The Area currently does not have the space to provide an employee's room but, has an area with donated kitchen appliances and a sink to provide for employee breaks. Although limited, this space is able to meet most employee needs.

2.g (2)(3) – Items placed on the bulletin board are dated, and routinely removed.

2.h - The Area currently does not have sufficient space to store many office supplies inside the facility. The office currently has a limited supply of commonly used office supplies stored in an unlocked cabinet accessible in the main area of the office. The office technician routinely checks the stock for reorder on a monthly basis. Additionally, there is a clipboard available to employees to note supplies that are lacking and need to be included on the quarterly order.

ACTION ITEMS:

- Explore the option to purchase or requisition a rack or shelves to raise reference material off the office technician desk and free up space giving a cleaner more professional business-like appearance.
- Remind office personnel to keep sensitive items away from the view of the general public.
- A stamp will be ordered which will be used to date all bulletin board items, for easier removal every 60 days on a rotating basis.

3. EXTERIOR APPEARANCE

3.a The exterior lighting in the front of the building is in adequate condition. The lights serve their intended purpose. The lighting in the rear was recently improved to include solar powered motion lights to illuminate the rear parking area. There is one light at the rear door of the facility which serves to illuminate the rear steps. As mentioned previously, the facility is located on Cal Trans property. Both share a swinging gate that is locked with a padlock and chain after hours. Because of access by both agencies, access is not as controlled as it could be.

3.f (2) - The facility does not have a specific area set aside to conduct violation clearances. There is no available room to create one and there is no plan to create an area for this purpose

3.f (4) - The facility does not have a specific area set aside for motorcycle parking. There is no available room to create one and there is no plan to create an area for this purpose

4. AUXILIARY POWER

The auxiliary power supply is supplied by a 1000 gallon propane tank which is dedicated exclusively to the generator. The fuel capacity is checked periodically by the automotive technician and is filled as needed. The generator self-tests on a weekly basis (each Monday morning).

4.d - The auxiliary power unit has posted information identifying who should be contacted in the event of a failure.

4 e – The Automotive Technician is tasked with ensuring the self-test is done, and the hours are noted.

4 g - The auxiliary power unit supplies power to all power outlets within the facility when activated.

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

The Oakhurst Area Emergency Action Plan is comprehensive, well-organized, and provides a plan for any foreseeable emergency at the facility. There are two copies of the Emergency Plan. One is in the Lieutenant's office in plain view and the other in the Sergeant's office. Both are contained in distinctively marked red binders which clearly read Emergency Action Plan. There is a sergeant assigned to review the plan annually to ensure that all the information contained therein is current, and a master control or revision record is contained in each copy of the plan. All employees review the plan with a sergeant at their annual performance evaluation. Newly assigned personnel review the plan as part of the orientation process. All information within the Emergency Plan is current and correct.

5 f - A call was placed to Department of General Services regarding asbestos in the building. The facility was manufactured after the ban to use asbestos in buildings and therefore asbestos will not be found in the building.

5 g - There are two fire extinguishers in the building. Both are located in conspicuous locations and are easily accessible. The fire extinguishers are required to be serviced annually according to the California Administrative Code. Additionally the pressure gauge is required to be checked on a monthly basis. Both fire extinguishers have been recently serviced and are current and up to date.

6. SAFETY INSPECTION

The safety inspection was done in mid-2008. Identified safety hazards are corrected as soon as possible.

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

AREA Merced - 460	DIVISION Central	NUMBER
EVALUATED BY G. R. Lamerson, Sergeant		DATE 03/24/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/27/2009
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Correction Report BY	COMMANDER'S REVIEW S. A. Badilla, Captain
		DATE 03/24/2009
1. USE AND ADEQUACY OF FACILITY		EVALUATED Yes
		ACTION REQUIRED No
		CORRECTED

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Floors, Walls, Ceilings and Counter tops are in good serviceable condition.			
(1) Is interior lighting adequate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) If leased, have needed repairs been coordinated with Facilities Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are the duties of the janitor defined and clearly understood?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Is the janitor fully aware of the supplies available through the requisition process?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Is the layout of the general office areas appropriate for the assigned personnel or classification?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is there sufficient space available in both the men's and women's locker rooms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Can several officers comfortably change clothes at the same time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is there enough space for both personal lockers and equipment lockers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are there full length mirrors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are they clean and odor free, with adequate ventilation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	July 2008.	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	Combination door locks on exterior doors provide 24 hour security. Combination locks were changed in December 2008.	

3. EXTERIOR APPEARANCE

	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	The exterior is very clean, businesslike and presents a professional image of the Department.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

4. AUXILIARY POWER

	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	All employees are trained annually on the use of the auxiliary power unit.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Biennially, or when an emergency preparedness concern dictates the need.

(1) At what level is it refilled? When both propane tanks reach 33% percent of remaining capacity.

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☒ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? The security is adequate.

(2) Can dispatchers deal with the public without admitting them into the building? ☒ Yes ☐ No

(3) Should modifications be made to provide better security? ☒ Yes ☐ No

(a) Would intercoms improve security? ☒ Yes ☐ No

(4) How often are two or more dispatchers on duty? 24 hours a day.

(5) How often are supervisors or other personnel in the building after normal business hours? 24 hours a day.

(6) Are maximum safety and security measures taken within communications centers? ☒ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	Emergency equipment throughout the facility is in good servicable condition.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED Yes	ACTION REQUIRED No
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	No improvements were required during the Q4 2008 Safety Inspection.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Merced	Division: Central	Chapter 4
Inspected by: G. R. Lamerson, Sergeant		Date: 03/24/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 5_ hours	<input checked="" type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Central Division Due Date: 03/29/2009		
Chapter Inspection: Chapter 4 – FACILITY / SECURITY			
Inspector's Comments Regarding Innovative Practices:			

Inspector believes innovative practices could include the incorporation of supervisory staff in the approval process of bulletin board material. Material for posting could be submitted for review and appropriateness at which point a removal date would be included.

Command Suggestions for Statewide Improvement:

Command personnel suggest remedial actions will be sufficient to attain the goals outlined in the action plan and would be sufficient for statewide improvement.

Inspector's Findings:

- 1) Items posted on bulletin boards do not have a removal date.
- 2) Area has damaged asphalt in the parking lots of the entire facility.
- 3) Area does not have a designated location for the purpose of violation clearance.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

COPY

Command: Merced	Division: Central	Chapter: 4
Inspected by: G. R. Lamerson, Sergeant		Date: 03/24/2009

Page 2

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

The corrective action plan for bulletin board postings includes the utilization of approval processes in order to ensure old postings that are expired will be removed in a timely manner.

The corrective action plan for the damaged asphalt parking lot and lack of violation sign off area includes coordination with Facilities Section to provide repairs and modification to the current parking lot configuration.

All corrective action will be completed within 30 days of this inspection.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 03/27/2009
	INSPECTOR'S SIGNATURE 	DATE 03/27/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE

Memorandum

Date: March 27, 2009

To: Central Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Merced Area

File No.: 460.10533

Subject: INSPECTION – CHAPTER 4, FACILITY MAINTENANCE AND SECURITY

The attached inspection was completed and prepared by Sergeant Glendon Lamerson, #12344, of this Area. In his memorandum, Sergeant Lamerson has presented two action items which will be accomplished prior to Friday, April 24, 2009.

Area concurs with the findings of this chapter inspection. The attached report is submitted to Central Division for review and approval.



S. A. BADILLA, Captain
Merced Area

Attachments

Safety, Service, and Security

M e m o r a n d u m

Date: March 24, 2009

To: Merced Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Merced Area

File No.: 460.10533.12344

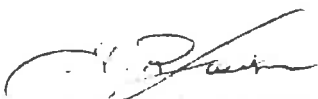
Subject: CHAPTER 4 – FACILITY MAINTENANCE AND SECURITY

On March 24, 2009, an Area Management Evaluation was completed at the Merced Area which focused on the Area's Facility, Maintenance and Security. After the informal evaluation was completed, the following items requiring corrective action were noted.

- 1) **Section 2 – Interior Appearance:** *Action Required*
g.(3) Do posted items on bulletin boards have a removal date? Currently items posted do not have a removal date. All items required to have removal dates will be subject to the given removal dates. Items for posting will be given to management for appropriateness and provided removal dates.
- 2) **Section 3 – Exterior Appearance:** *Action Required*
f. Is the paved parking area clean and in good working condition? Area has coordinated with facilities section to repair and resurface the damaged asphalt in the parking lots of the entire facility.

f.(2) Is the violation clearance area for the public clearly marked? Area has requested and been approved by facilities section to designate and mark a location for the purpose of violation clearance. This will be completed during the repairs and resurfacing of the parking lots.

Corrective action will be taken or have already been addressed as specified in this memorandum under "*Action Required*" of each heading. The corrective action or action steps will be completed within 30 days of this memorandum.




G. R. LAMERSON, ID 12344
Sergeant

Safety, Service, and Security

AREA Merced	DIVISION Central	NUMBER
EVALUATED BY C. Heller, Sergeant		DATE 09/06/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		COMMANDER'S REVIEW 	
BY		DATE 9/23/08	
1. USE AND ADEQUACY OF FACILITY		EVALUATED Yes	ACTION REQUIRED No
		CORRECTED N/A	

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☒ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
------------------------	------------------	------------------------	-----------

- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Floor tiles were replaced this year throughout the building. New carpet was put down in the dispatch center. The walls and door jams throughout the building needs to be painted

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? Annual Property Inventory (July 2007) is stored in OSS office.		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? Combination door locks on exterior doors provide 24 hour security of the facility. No other security is provided. Combination locks need to be changed to new code.		
3. EXTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED Yes
a. Overall, what is the general appearance of the exterior of the facility? The exterior appearance is very clean and businesslike. The parking lot is in need of resurfacing and re-striping. Handicap stalls and curb marking need repainting.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Is the building clearly identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are parking lines clearly painted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. AUXILIARY POWER	EVALUATED Yes	ACTION REQUIRED No
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? Communications Supervisor, Janitorial Staff, ASM, Facility		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? When the fuel level reaches 33% in both tanks.

(1) At what level is it refilled? 33%

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED	ACTION REQUIRED	CORRECTED
Yes	No	

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☒ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? The security is adequate.

(2) Can dispatchers deal with the public without admitting them into the building? ☒ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☒ No

(a) Would intercoms improve security? ☐ Yes ☒ No

(4) How often are two or more dispatchers on duty? 24 hours a day.

(5) How often are supervisors or other personnel in the building after normal business hours? 24 hours a day.

(6) Are maximum safety and security measures taken within communications centers? ☒ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	Emergency equipment is in good working condition.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED Yes	ACTION REQUIRED Yes
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	No improvements were required	
The only recommendation currently unresolved is the re-striping and repainting the parking lot. This item is being budgeted by Facilities for the 2008/2009 fiscal year.		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	There is no resolution in place to accommodate parking for employees of the facility. Overflow is accommodated by parking in the public area; however, this severely limits the available parking to customers.	

M e m o r a n d u m

Date: September 6, 2008


To: Merced Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Merced Area

File No.: 460.10289

Subject: AREA MANAGEMENT EVALUATION; AREA FACILITY MAINTENANCE
AND SECURITY.

In accordance with HPG 22.1, an informal evaluation of Chapter 4, Area Facility Maintenance and Security was conducted. The evaluation identified Section 6 (c) and 6 (d)1 on the evaluation form with a need for corrective action. The required actions are listed on the attached CHP 454, Area Management Evaluation Supplement. No other areas in this evaluation were identified with a need for corrective action.



C. HELLER, ID 10289
Sergeant

Attachments

Safety, Service, and Security

CHP 454 (Rev. 5-06) OPI 009

DATE: 09-06-2008

Destroy Previous Editions

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Merced	Division: Central	Chapter: 4
Inspected by: Sgt. C. Heller		Date: 09/06/2008

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection: Six hours	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Due Date: 09/23/2008	

Chapter Inspection: Facility Maintenance and Security

Inspector's Comments Regarding Innovative Practices:

Inspection completed by G. Heller indicated follow-up is needed.

Command Suggestions for Statewide Improvement:

N/A

Inspector's Findings:

Action Item: Section 6(c) – The re-striping and repainting of the parking lot is being budgeted by facilities for the 2008/2009 fiscal year.

Action Item: Section 6(d)1 – There is no resolution in place to accommodate parking for the employees of the facility.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

N/A

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

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Command: Merced	Division: Central	Chapter: 4
Inspected by: Sgt. C. Heller		Date: 09/06/2008

Required Action

Corrective Action Plan/Timeline

The Area will continue to meet with Facilities Section to discuss parking lots expansion options. Once approved, the Area hopes to increase parking for employees by adding additional parking stalls. After such construction is completed, the parking lot will receive resurfacing details. This is planned for the 2008/2009.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE  FOR CAPT. BADILLA	DATE 6/9/09
	INSPECTOR'S SIGNATURE  FOR SGT. C. HELLER	DATE 6/9/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA Los Banos	DIVISION Central	NUMBER Chapter 4
EVALUATED BY Sgt. K. Smith		DATE 2/15/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation	SUSPENSE DATE 06/30/2009
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY _____	COMMANDER'S REVIEW <i>NEAL</i>
	DATE 3/2/08

1. USE AND ADEQUACY OF FACILITY

EVALUATED 2/15/2009	ACTION REQUIRED	CORRECTED
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- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED 06/15/2009	ACTION REQUIRED	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Structure was built in 1964.
When issues do come up that need attention they are addressed immediately.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	10/01/2008	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	Locked gates, perimeter fence and lighting. All doors locked.	

3. EXTERIOR APPEARANCE

EVALUATED
06/15/2009

ACTION REQUIRED

CORRECTED

a. Overall, what is the general appearance of the exterior of the facility?	Clean but outdated. Exterior and interior painted with-in last year.	
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

4. AUXILIARY POWER

EVALUATED
06/15/2009

ACTION REQUIRED

CORRECTED

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?	Sergeants and D-3, Officer Tom Melden - Area Facility Coordinator.	
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? As needed and on average every other month.

(1) At what level is it refilled?

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
06/15/2009

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? N/A

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty? N/A

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?		
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION	EVALUATED 06/15/2009	ACTION REQUIRED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?		
General clean up and removal of old equipment to OPI.		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	New facility requested.	

The Los Banos Area has been approved for a new facility. Due to budget constraints it is unknown when the facility will be built.

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

AREA 464	DIVISION Central	NUMBER
EVALUATED BY M.D. Arrigale, SGT #14651		DATE 03/01/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Correction Report COMMANDER'S REVIEW <i>ACTING</i> <i>DR W. [signature]</i> DATE <i>3/3/08</i>	
BY		EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input type="checkbox"/>
USE AND ADEQUACY OF FACILITY		CORRECTED	

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? *N/A* ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

INTERIOR APPEARANCE	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input checked="" type="checkbox"/>	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? See comments section (attached).

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? *N/A* ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☐ Yes ☒ No
- (1) Can several officers comfortably change clothes at the same time? ☐ Yes ☒ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☐ Yes ☒ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? November 2007		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?		

i. EXTERIOR APPEARANCE	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	See Comments Section (attached).		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	N/A		
(1) Does the gas station have a fire extinguisher readily available?	N/A		
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	N/A		
f. Is the paved parking area clean and in good condition?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	N/A		
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

AUXILIARY POWER	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?			
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☐ Yes ☒ No

f. How often is the fuel supply replenished? As needed and/or no later than every six months

(1) At what level is it refilled?

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty? ☐ Yes ☐ No

(5) How often are supervisors or other personnel in the building after normal business hours? SEE COMMENTS

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are employees given a copy of the annual asbestos report to read?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) Do employees know what to do if they encounter asbestos in the building?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?			
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
5. SAFETY INSPECTION	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input type="checkbox"/>	CORRECTED <input type="checkbox"/>
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. What improvements have been made by the commander as a result of the most recent inspection?			
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) If so, what remedial action has been taken?			

COMMENTS:

The Facility was built in 1995 and is in relatively good condition, however it has recently seen some signs of aging. Routine maintenance is conducted on an on-going basis and the grounds are maintained by a contracted landscape service.

2a. The Facility was completely repainted in August, 2001, and in December, 2001. Commercial Vehicle Section (CVC) and Caltrans conducted a biennial inspection of the Facility. All items identified in the inspection were categorized by the department responsible for the repairs. As of May 2002, all deficiencies identified as being the responsibility of the CHP have been corrected. A Caltrans Maintenance Request form, CHP 280, has been completed and forwarded as required.

Caltrans is currently working toward correcting the items identified as being their responsibility. Item #3 of the Inspection Report identified that the floor tile in the front desk/reception area, scale observation area, and hall is deteriorated and uneven. Furthermore, moisture comes through the floor surface. This was an issue first recognized in 2002 during a Chapter 4 inspection. It remains an unresolved issue.

2.a.(3) The Facility janitor is contracted through a service. Recently, the Facility has seen a turnover of several janitors in a short period of time. As a result, optimal janitorial service has not been a constant in recent months.

2.h. An Inventory of Items was conducted in November 2007. At the conclusion of the inventory, it was determined all items were accounted for.

2.h.(3) The Facility is equipped with an alarm system that is connected to a contracted security company. The security (alarm) contract has recently been renewed.

3.a. The interior and exterior of the Facility was last repainted in December, 2001. Although overall appearance of Facility paint is fair, repainting should be a consideration in the near future.

3.f. During the joint CVS/Caltrans biennial inspection, the pavement areas were identified as showing signs of wear. Corrective action will be to fog-seal and re-stripe the paved areas. Caltrans will handle this repair.

3.f.(4) There is currently no designated parking areas specific to motorcycles.

4.b. All Facility employees have been instructed on the operation of manual starting procedures of the emergency generator. Additionally, operating instructions are posted near the generator.

4.e. The emergency generator starts automatically for a self test once a week. The generator is inspected by a contracted company on a quarterly basis.

4.f. Fuel is replenished on an as-needed basis, at an interval of no longer than six months. Recently, a 200 gallon auxiliary fuel tank was installed for prolonged generator operation.

4.g. & g(1) The emergency generator supplies power to all outlets. It is capable of supplying power to the entire Facility.

5.c. & c(1) Emergency Incident Assignments are made to individual employees who are most familiar and/or specifically trained to perform tasks (e.g., bomb search team, evacuation procedures, post-evacuation procedures, search and rescue, medical emergencies, etc...) These assignments are shared by uniformed and non-uniformed personnel.

5.d.(5) Since September 11, 2001, the Facility operates on a 24/7 schedule and uniformed personnel are on duty at all times.

5.e. & e(4) Employees are required to review the Emergency Action Plan during the time of their annual evaluation, and during 4th quarter decentralized training.

5.g. Fire extinguishers are checked during Facility Safety Inspections and are serviced annually by an approved fire extinguisher service company. The sprinkler system is checked semi-annually by an approved fire sprinkler service company.

5.g.(3) Fire hoses are checked each week during Facility clean-up and during quarterly Facility Safety Inspections.

6.d. & d(1) The men's locker room has reached capacity. Overflow lockers are housed in the evidence/weapon room on the east side of the Facility.

ACTION ITEMS:

2.e.(3) Purchase and install of two full length mirrors for the men's and women's locker rooms was noted during the last Chapter 4 inspection. As of the time of the current Chapter 4 inspection, this remains an action item.

3.f.(4) Arrange to provide a designated parking area for motorcycles.

AREA MANAGEMENT EVALUATION

FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

AREA Modesto	DIVISION Central	NUMBER 465-09-001
EVALUATED BY C. R. Mahnke, Jr.		DATE 03/23/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/01/2010
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW <i>M. Sanchez, LT. per/</i> DATE <i>03/30/09</i>
1. USE AND ADEQUACY OF FACILITY		EVALUATED 03/23/2009
		ACTION REQUIRED
		CORRECTED

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? *N/A* ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED 03/23/2009	ACTION REQUIRED	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? The Modesto Area facility is 16+ years old. The carpeting was completely replaced in March 2007. The other described surfaces are showing signs of age, but are in serviceable condition.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? *N/A* ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? *N/A-CONTACTED* ☐ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	August 2008	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	Office and medical supplies are readily available after business hours. The Area has not experienced a problem with misappropriation of supplies.	

3. EXTERIOR APPEARANCE

EVALUATED
03/23/2009

ACTION REQUIRED

CORRECTED

a. Overall, what is the general appearance of the exterior of the facility?	The overall appearance of the exterior remains neat; however, the paint is faded and beginning to peel. Re-painting of the exterior was suspended due to budget concerns.	
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

I. AUXILIARY POWER

EVALUATED
03/23/2009

ACTION REQUIRED

CORRECTED

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail?	Area supervisors and managers.	
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Annually.

(1) At what level is it refilled? At 50% or less of capacity.

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
03/23/2009

ACTION REQUIRED
Yes (see page 5)

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? *N/A* ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☐ Yes ☒ No

(1) Have both uniformed and nonuniformed been given the training? ☐ Yes ☒ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	All equipment is serviceable. The fire sprinkler system is inspected quarterly.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
3. SAFETY INSPECTION	EVALUATED 03/23/2009	ACTION REQUIRED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	The Area has installed two new security coded door handles that may be operated with one hand. When funding becomes available, the four remaining button coded door handles will also be replaced.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Modesto – 465	Division: Central	Chapter: 4
Inspected by: C. R. Mahnke, Jr.		Date: 03/23/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 6 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date:			

Chapter Inspection: Facility Maintenance And Security, CH 4 (HPG 22.1)

Inspector's Comments Regarding Innovative Practices:

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

- Exterior Appearance
- b. The overall appearance of the exterior remains neat; however, the paint is faded and beginning to peel. Re-painting was suspended due to budget concerns.
 - c. The "porch light" type of lighting devices on the exterior of the building are cracked. These devices were scheduled for replacement prior to the 2008/2009 State budget crisis. Their replacement is a priority once funding becomes available.
 - f. (2) The Modesto Area does not have a designated violation clearance lane/parking space.
- Employee Protection
- b. The facility-specific Action Plan was updated to include policy and procedures for a response to workplace violence. During the April 2009, Area training days, this topic was reviewed with uniformed and non-uniformed personnel.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2

Command: Modesto - 465	Division: Central	Chapter: 4
Inspected by: C. R. Mahnke, Jr.		Date: 03/23/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Captain Duncan concurs with the inspection findings. Additional facility improvements cannot be accomplished until appropriate funding becomes available.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

J/A

Required Action: N/A

Corrective Action Plan/Timeline

/A


<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 04.30.09
<input checked="" type="checkbox"/> R. Mahnke, Jr., Sergeant	INSPECTOR'S SIGNATURE 	DATE 4/30/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA Modesto	DIVISION Central	NUMBER 465-08-004
EVALUATED BY C. R. Mahnke, Jr.		DATE 12/10/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/31/2009	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____ 	DATE 12.19.08
USE AND ADEQUACY OF FACILITY		EVALUATED 12/09/2008	ACTION REQUIRED CORRECTED

- a. Is the facility adequate? ☒ Yes ☐ No
- (1) Have steps been taken to modify or replace the current facility? ☐ Yes ☒ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? *N/A* ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

INTERIOR APPEARANCE	EVALUATED 12/09/2008	ACTION REQUIRED	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? The Modesto Area facility is 16+ years old. The carpeting was completely replaced in March 2007. The other described surfaces are aged, but serviceable.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? *N/A* ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? *N/A* ☐ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	August 2008	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours?	Office and medical supplies are readily available after business hours. The Area has not experienced a problem with misappropriation of supplies.	

EXTERIOR APPEARANCE	EVALUATED 12/09/2008	ACTION REQUIRED	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	The overall appearance of the exterior remains neat; however, the paint is faded and beginning to peel. Re-painting of the exterior has been suspended due to budget concerns.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AUXILIARY POWER	EVALUATED 12/09/2008	ACTION REQUIRED	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	Area supervisors and managers.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION

FACILITY MAINTENANCE AND SECURITY

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Annually.

(1) At what level is it refilled? At 50% or less of capacity.

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
12/09/2008

ACTION REQUIRED
Yes (see page 5)

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☐ Yes ☒ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? *N/A* ☐ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided?

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☐ Yes ☒ No

(1) Have both uniformed and nonuniformed been given the training? ☐ Yes ☒ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	All equipment is serviceable. The fire sprinkler system is inspected quarterly.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
SAFETY INSPECTION	EVALUATED 12/9/2008	ACTION REQUIRED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	The Area has installed two new security coded door handles that may be operated with one hand. When funding becomes available, the four remaining button coded door handles will also be replaced.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) If so, what remedial action has been taken?		


CHP 454 (Rev. 5-06) OPI 009

DATE: 12/10/2008

[illegible]

AREA	DIVISION	NUMBER
Visalia	Central	480
EVALUATED BY	DATE	
Sgt. J. A. Rhea	03/03/09	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE
<input type="checkbox"/> Formal Evaluation	<input checked="" type="checkbox"/> Informal Evaluation	None
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report	
BY		DATE
		3.11.09

1. USE AND ADEQUACY OF FACILITY

EVALUATED	ACTION REQUIRED	CORRECTED
J. Rhea	None	

a. Is the facility adequate? ☒ Yes ☐ No

(1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No

(a) If a leased building, is the owner abiding by the terms of the lease agreement? ☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No

(a) Is storage space used effectively? ☒ Yes ☐ No

(b) Is lighting adequate? ☒ Yes ☐ No

(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

2. INTERIOR APPEARANCE

EVALUATED	ACTION REQUIRED	CORRECTED
J. Rhea	None.	

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Excellent. Facility was painted in 2008. The floor coverings were replaced in 2008. Debriefing room counter top was replaced in 2008. The men's rest room was remodeled in February, 2009; including replacing floor tiles, adding tiles to walls, replacing toilet, sink, and cabinet fixtures, and replacing vent fan.

(1) Is interior lighting adequate? ☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section? ☐ Yes ☐ No

(3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No

(a) Is the janitor fully aware of the supplies available through the requisition process? ☐ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☒ Yes ☐ No

e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No

(1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No

(2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No

(3) Are there full length mirrors? ☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	Self locking doors.	

3. EXTERIOR APPEARANCE	EVALUATED J. Rhea	ACTION REQUIRED None.	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility? The facility is in good repair. The exterior was painted in 2008. The fuel island is currently being replaced with an above ground tank. Fuel services are not available at this time.			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

4. AUXILIARY POWER	EVALUATED J. Rhea	ACTION REQUIRED None.	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	ASM, sergeants, and special duty officers		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Checked weekly, replenished as needed.

(1) At what level is it refilled? 30%

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☐ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
J. Rhea

ACTION REQUIRED
None.

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☒ No

(1) How do Public Safety Dispatchers feel about the security provided? N/A. No dispatchers.

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☒ No

(a) Would intercoms improve security? ☐ Yes ☒ No

(4) How often are two or more dispatchers on duty? N/A. Facility does not have dispatchers.

(5) How often are supervisors or other personnel in the building after normal business hours? Frequently. Supervisors are assigned to shifts 24/7. Officers are in the office for shift changes outside business hours and intermittently.

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	No other emergency fire equipment on this site.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

6. SAFETY INSPECTION	EVALUATED J. Rhca	ACTION REQUIRED None.	CORRECTED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
c. What improvements have been made by the commander as a result of the most recent inspection?	Fire hazard placard applied to fusee locker door.		
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. Has the size of the operation outgrown the facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(1) If so, what remedial action has been taken?			

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Visalia Area	Division: Central	Chapter 4
Inspected by: Sgt. J. A. Rhea		Date: 03/03/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 3 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Central Division		
Due Date:			
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

The Area fusee storage locker was not placarded. This oversight was corrected during the inspection.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 2

Command: Visalia Area	Division: Central	Chapter: 4
Inspected by: Sgt. J. A. Rhea		Date: 03/03/2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

☐ Employee would like to discuss this report with the reviewer.
(See HPM 9.1, Chapter 8 for appeal procedures.)

COMMANDER'S SIGNATURE

DATE

INSPECTOR'S SIGNATURE

DATE

☐ Reviewer discussed this report with employee

REVIEWER'S SIGNATURE

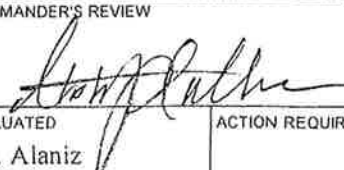
DATE

☐ Concur ☐ Do not concur

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY
CHP 453D (Rev. 5-06) OPI 009

AREA Visalia / 480	DIVISION Central	NUMBER
EVALUATED BY Sgt. J.R. Alaniz, #12609		DATE 04/21/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No BY _____		COMMANDER'S REVIEW 	
<input type="checkbox"/> Correction Report		DATE 5-4-08	
USE AND ADEQUACY OF FACILITY		EVALUATED Sgt. Alaniz	ACTION REQUIRED
			CORRECTED

- a. Is the facility adequate? ☐ Yes ☒ No
- (1) Have steps been taken to modify or replace the current facility? ☒ Yes ☐ No
- (a) If a leased building, is the owner abiding by the terms of the lease agreement? *N/A* ☐ Yes ☐ No
- (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? ☒ Yes ☐ No
- (a) Is storage space used effectively? ☒ Yes ☐ No
- (b) Is lighting adequate? ☒ Yes ☐ No
- (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? ☒ Yes ☐ No
- (d) Does the interior of the facility have a neat, businesslike appearance? ☒ Yes ☐ No

INTERIOR APPEARANCE	EVALUATED Sgt. Alaniz	ACTION REQUIRED	CORRECTED
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- a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? The interior and exterior walls have recently been painted. The counter tops are worn but functional. The carpet is tentatively scheduled to be replaced on 5-16-09.

- (1) Is interior lighting adequate? ☒ Yes ☐ No
- (2) If leased, have needed repairs been coordinated with Facilities Section? *N/A* ☐ Yes ☐ No
- (3) Are the duties of the janitor defined and clearly understood? ☒ Yes ☐ No
- (a) Is the janitor fully aware of the supplies available through the requisition process? ☒ Yes ☐ No
- b. Is the layout of the general office areas appropriate for the assigned personnel or classification? ☒ Yes ☐ No
- c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? ☒ Yes ☐ No
- d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? ☐ Yes ☒ No
- e. Is there sufficient space available in both the men's and women's locker rooms? ☐ Yes ☒ No
- (1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No
- (2) Is there enough space for both personal lockers and equipment lockers? ☐ Yes ☒ No
- (3) Are there full length mirrors? ☒ Yes ☐ No
- (4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	October 2007.	
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	See attached.	

EXTERIOR APPEARANCE	EVALUATED Sgt. Alaniz	ACTION REQUIRED	CORRECTED
a. Overall, what is the general appearance of the exterior of the facility?	The facility has recently been painted and conveys a business and professional look.		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Is there a parking area designated for motorcycles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

AUXILIARY POWER	EVALUATED Sgt. Alaniz	ACTION REQUIRED	CORRECTED
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Who knows how to start the unit should the self-starter fail?	Officer E. Flynn and Auto Tech. P. Cortez.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

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d. Is there a notice posted identifying who to contact should the unit fail? ☐ Yes ☒ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☐ Yes ☒ No

f. How often is the fuel supply replenished? The fuel supply is checked monthly by Facilities personnel.

(1) At what level is it refilled? The level is refilled prior to the fuel supply reaching 25 percent.

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED
Sgt. Alaniz

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☒ No

(1) How do Public Safety Dispatchers feel about the security provided? N/A

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty? ☐ Yes ☐ No

(5) How often are supervisors or other personnel in the building after normal business hours? Supervisors and officers are routinely in the building at various hours of the evening working on reports.

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	The facility does not have fire hoses or a sprinkler system installed.	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
SAFETY INSPECTION	EVALUATED Sgt. Alaniz	ACTION REQUIRED CORRECTED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	The cost of replacing the carpet has been budgeted and is tentatively scheduled for replacement.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	The Area is scheduled to have a modular trailer installed to facilitate the added personnel. Also, a proposal for a new facility has been submitted and approved. The Area is scheduled for a new facility and has been placed on a waiting list.	

AREA MANAGEMENT EVALUATION SUPPLEMENT

CHP 454 (Rev. 5-06) OPI 009

SUBJECT: FACILITY MAINTENANCE AND SECURITY

DATE: 04/23/2008

SECTIONS	COMMENTS
USE AND ADEQUACY OF FACILITY	<p>a. Is the facility adequate?</p> <p>Currently the facility accommodates 65 permanent and five assigned Division employees. Based on its staffing levels the facility is not conducive for the needs of the employees. The facility is lacking in security, interview, conference and desk space. The five Division employees must share a desk space when available to conduct their assigned work.</p> <p>(1) Have steps been taken to modify or replace the current facility?</p> <p>A proposal for a new facility has been submitted and approved by Facilities. This is a long term request and the Visalia Area has been placed on a waiting list. A tentative completion date has not been scheduled.</p>
INTERIOR APPEARANCE	<p>d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?</p> <p>The men's restroom is in need of renovation; the fixtures are inadequate, old and irreparable.</p> <p>The women's restroom was recently remodeled.</p> <p>e. Is there sufficient space available in both the men's and women's locker rooms?</p> <p>Area has outgrown the men's locker facility. Insufficient space exists to accommodate the number of male officers and for storage of their assigned equipment. The women's locker is adequate</p> <p>h (3) What security is provided after normal working business hours?</p> <p>Access to the Area office is controlled by a key lock on the front door and a key lock and combination lock on the rear door. Entry to the parking area is secured by electric power gates that require a confidential password to gain entry.</p>

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 4
FACILITY MAINTENANCE AND SECURITY

Area
Porterville 481

Division
Central

Number

Evaluated By Sgt. D. Giefer

Date 02/09/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal ☒ Informal

Suspense Date

Follow-up Required

☐ Yes ☒ No

☐ Correction Report

by _____

Commander's Review

Date 3/3/2009

1. USE AND ADEQUACY OF FACILITY

Evaluated

☒

Action Required

☐

Corrected

☐

a. Is the facility adequate?

☒ Yes ☐ No

(1) Have steps been taken to modify or replace the current facility?

☒ Yes ☐ No

(a) If leased building, is owner abiding by the terms of the lease agreement?

N/A
☐ Yes ☐ No

(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment?

☒ Yes ☐ No

(a) Is storage space used effectively?

☒ Yes ☐ No

(b) Is lighting adequate?

☒ Yes ☐ No

(c) Are there provisions for prompt repair of the facility (plumbing, heating)?

☒ Yes ☐ No

(d) Does the interior of the facility have a neat, businesslike appearance?

☒ Yes ☐ No

2. INTERIOR APPEARANCE

Evaluated

☒

Action Required

☐

Corrected

☐

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?

Overall, the interior appearance is in good condition. New carpet and tile flooring was installed in May 2008.

(1) Is interior lighting adequate?

☒ Yes ☐ No

(2) If leased, have needed repairs been coordinated with Facilities Section?

N/A ☐ Yes

(3) Are the duties of the janitor defined and clearly understood?

N/A ☐ Yes ☐ No

(a) Is the janitor aware of the supplies available through requisition process?

N/A ☐ Yes ☐ No

b. Is the layout of the general office areas appropriate for the assigned personnel or classification?

☒ Yes ☐ No

c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?

☒ Yes ☐ No

d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

e. Is there sufficient space available in both the men's and women's locker rooms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Can several officers comfortably change clothes at the same time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there enough space for both personal lockers and equipment lockers?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are there full length mirrors?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are they clean and odor free, with adequate ventilation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours?	Electric gate and exterior lighting.	

3. EXTERIOR APPEARANCE	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Overall, what is the general appearance of the exterior of the facility? Good condition			
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Is the gas station clean and in good repair?	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the violation clearance area for the public clearly marked?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(4) Is there a parking area designated for motorcycles?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. AUXILIARY POWER	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Has the efficiency of the auxiliary power unit been tested?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Who knows how to start the unit should the self starter fail?				<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are operating instructions posted and easy to understand?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Is there a notice posted identifying who to contact should the unit fail?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Does log show Area personnel and Facilities Section have done weekly testing?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. How often is the fuel supply replenished? As needed when the fuel is at a 70% level				
(1) At what level is it refilled? 70%				
g. Are there an adequate number of emergency power outlets?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are they distinctively marked?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. EMPLOYEE PROTECTION AND FACILITY SECURITY	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>	
a. Does Area have a written Emergency Action Plan?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Procedures for safeguarding employees during all types of emergencies?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Does it have general facility security and building evacuation procedures?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Does the Plan work?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are there sufficient management controls?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the Plan designate duties and responsibilities to specific employees?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are both uniformed and nonuniformed employees included?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are employees informed of their responsibilities?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Has the commander taken all reasonable steps available to provide security?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Has the commander visited the facility after normal business hours to ensure security measures are in place?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the Plan address dispatcher security?				N/A <input type="checkbox"/> Yes
(1) How do Communication Operators feel about the security provided?				N/A <input type="checkbox"/> Yes
(2) Can Communication Operators deal with the public without admitting them into the building?				N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Should modifications be made to provide better security?				N/A <input type="checkbox"/> Yes
(a) Would intercoms improve security?				N/A <input type="checkbox"/> Yes
(4) How often are two or more Communication Operators on duty?				N/A

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(5) How often are supervisors or other personnel in the building after normal business hours?

On a daily basis

(6) Are maximum safety and security measures taken within dispatch centers? ☐ Yes ☒ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

(2) Does the training include building evacuation procedures? ☒ Yes ☐ No

(3) Do all employees know where fire extinguisher and first aid kits are located? ☒ Yes ☐ No

(a) Do they know how to use them? ☒ Yes ☐ No

(4) Have all employees read the Emergency Action Plan? ☒ Yes ☐ No

(a) Do they know where its located? ☒ Yes ☐ No

f. Does the building contain asbestos? ☒ Yes ☐ No

(1) Are employees given a copy of the annual asbestos report to read? ☒ Yes ☐ No

(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work? ☒ Yes ☐ No

(3) Is the Notice posted on the Employee or Occupational Safety bulletin board? ☒ Yes ☐ No

(4) Do employees know what to do if they encounter asbestos in the building? ☒ Yes ☐ No

g. Are fire extinguishers provided and serviced as required by CAC? ☒ Yes ☐ No

(1) Are first aid kits provided as required by SAM? ☒ Yes ☐ No

(2) Is Standard Form 621 posted and up to date? ☒ Yes ☐ No

(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.? Smoke detectors and fire extinguishers in good working order

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required? ☒ Yes ☐ No

(1) Have changes or updates been sent to the implementing agency? ☒ Yes ☐ No

6. SAFETY INSPECTION

Evaluated



Action Required



Corrected



a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6? ☒ Yes ☐ No

b. Has the 113A been completed? ☒ Yes ☐ No

c. What improvements have been made by the commander as a result of the most recent inspection? Filing cabinets have been secured to the walls and exit signs have been added.

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(1) If recommendations required budgeting, have items been put into the budget
suspense file?

N/A

☐ Yes ☐ No

d. Has the size of the operation outgrown the facility?

☒ Yes ☐ No

(1) If so, what remedial action has been taken? The Area has begun a lease/purchase of a modular building that serves as the mens/womens locker room. This purchase provided more space in the main building. Area also utilizes two metal storage sheds and a C-train container in the rear of the building for storage, as well as off-site storage at a local facility. The storage sheds and container in the rear of the building have resulted in limited parking and congestion.

COMMENTS

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

Exceptions

- 2. g.(3): Items posted on bulletin boards are removed after 30 days.
- 2. h.: The last inventory was conducted in September 2008.
- 3. f.(1): Area does not have sufficient parking to have designated *citation clearance parking*. All parking stalls are conveniently located to the front of the facility.
- 4. b.: Automotive Technician II, Gary Meyers maintains the auxiliary power unit.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Porterville 481	Division: Central	Chapter: 4
Inspected by: Sgt. D. Giefer		Date: 02/09/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 3 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____ Due Date: _____		
Chapter Inspection: _____			
Inspector's Comments Regarding Innovative Practices: _____			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

2. g.(3): Items posted on bulletin boards are removed after 30 days.
2. h.: The last inventory was conducted in September 2008.
3. f.(1): Area does not have sufficient parking to have designated citation clearance parking. All parking stalls are conveniently located to the front of the facility.
4. b.: Automotive Technician II, Gary Meyers maintains the auxiliary power unit.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: 481	Division: CENTRAL	Chapter: 4
Inspected by: SGT. GIEFER		Date: 2/9/2009

Page 2

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

☐ Employee would like to discuss this report with the reviewer.
(See HPM 9.1, Chapter 8 for appeal procedures.)

COMMANDER'S SIGNATURE

DATE

5/1/2009

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

	INSPECTOR'S SIGNATURE	DATE
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

Department of California Highway Patrol AREA MANAGEMENT EVALUATION Chapter 4 FACILITY MAINTENANCE AND SECURITY		Area Porterville 481	Division Central	Number
		Evaluated By F. Aguirre		Date 5/12/08

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal		Suspense Date _____	
Follow-up Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report by _____	Commander's Review _____	Date 5/19/08

1. USE AND ADEQUACY OF FACILITY	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Is the facility adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Have steps been taken to modify or replace the current facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
H/A (2) If leased building, is owner abiding by the terms of the lease agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Is storage space used effectively? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(b) Is lighting adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(c) Are there provisions for prompt repair of the facility (plumbing, heating)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(d) Does the interior of the facility have a neat, businesslike appearance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. INTERIOR APPEARANCE	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?			
NEW CARPET & TILE FLOORING BEING INSTALLED THIS MONTH			
OVERALL CONDITIONS ARE GOOD.			
(1) Is interior lighting adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
H/A (2) If leased, have needed repairs been coordinated with Facilities Section? <input type="checkbox"/> Yes <input type="checkbox"/> No			
N/A (3) Are the duties of the janitor defined and clearly understood? <input type="checkbox"/> Yes <input type="checkbox"/> No			
N/A (a) Is the janitor aware of the supplies available through requisition process? <input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Is the layout of the general office areas appropriate for the assigned personnel or classification? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

CHP 453D (Rev 1-96)
Page 1

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

e. Is there sufficient space available in both the men's and women's locker rooms? ☒ Yes ☐ No

(1) Can several officers comfortably change clothes at the same time? ☒ Yes ☐ No

(2) Is there enough space for both personal lockers and equipment lockers? ☒ Yes ☐ No

(3) Are there full length mirrors? ☒ Yes ☐ No

(4) Are they clean and odor free, with adequate ventilation? ☒ Yes ☐ No

(5) Are lockers in good condition, with names posted on them? ☒ Yes ☐ No

f. Does the employee's room have adequate cabinets and electrical outlets? ☒ Yes ☐ No

(1) Are appliances in good working order? ☒ Yes ☐ No

g. Are bulletin boards sufficient for Area needs? ☒ Yes ☐ No

(1) Are they neat and orderly? ☒ Yes ☐ No

(2) Is there a system for purging old information? ☒ Yes ☐ No

(3) Do posted items have a removal date? ☐ Yes ☒ No

(4) Are bulletin boards in good condition? ☒ Yes ☐ No

h. When was the last inventory of items stored inside the facility? ☐ Yes ☐ No

(1) Are items arranged in a logical manner? ☒ Yes ☐ No

(2) Are there surplus items that should be returned to Supply Services? ☐ Yes ☒ No

(3) What security is provided after normal business hours? ELECTRIC GATE, LIGHTING.

3. EXTERIOR APPEARANCE

Evaluated
☒

Action Required
☐

Corrected
☐

a. Overall, what is the general appearance of the exterior of the facility? IN GOOD CONDITION.

b. Are all painted surfaces neat and clean, free of peeling paint? ☒ Yes ☐ No

c. Is the outside lighting adequate and in good repair? ☒ Yes ☐ No

d. Is the building clearly identified? ☒ Yes ☐ No

e. Is the gas station clean and in good repair? N/A ☐ Yes ☐ No

(1) Does the gas station have a fire extinguisher readily available? N/A ☐ Yes ☐ No

(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly? N/A ☐ Yes ☐ No

f. Is the paved parking area clean and in good condition? ☒ Yes ☐ No

(1) Are parking lines clearly painted? ☒ Yes ☐ No

(2) Is the violation clearance area for the public clearly marked? ☒ Yes ☐ No

(3) Is there disabled parking available? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(4) Is there a parking area designated for motorcycles? ☐ Yes ☒ No

4. AUXILIARY POWER

Evaluated
☒

Action Required
☐

Corrected
☐

a. Has the efficiency of the auxiliary power unit been tested? ☒ Yes ☐ No

b. Who knows how to start the unit should the self starter fail? ☐ Yes ☐ No

c. Are operating instructions posted and easy to understand? ☒ Yes ☐ No

d. Is there a notice posted identifying who to contact should the unit fail? ☐ Yes ☒ No

e. Does log show Area personnel and Facilities Section have done weekly testing? ☐ Yes ☒ No

f. How often is the fuel supply replenished?

(1) At what level is it refilled?

g. Are there an adequate number of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

Evaluated
☒

Action Required
☐

Corrected
☐

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the Plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the Plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all reasonable steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the Plan address dispatcher security? ☐ Yes ☐ No

(1) How do Communication Operators feel about the security provided? ☐ Yes ☐ No

(2) Can Communication Operators deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☒ No

(4) How often are two or more Communication Operators on duty?

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(5) How often are supervisors or other personnel in the building after normal business hours?

ON A DAILY BASIS.

N/A (6) Are maximum safety and security measures taken within dispatch centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

(2) Does the training include building evacuation procedures? ☒ Yes ☐ No

(3) Do all employees know where fire extinguisher and first aid kits are located? ☒ Yes ☐ No

(a) Do they know how to use them? ☒ Yes ☐ No

(4) Have all employees read the Emergency Action Plan? ☒ Yes ☐ No

(a) Do they know where its located? ☒ Yes ☐ No

f. Does the building contain asbestos? ☒ Yes ☐ No

(1) Are employees given a copy of the annual asbestos report to read? ☒ Yes ☐ No

(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work? ☐ Yes ☒ No

(3) Is the Notice posted on the Employee or Occupational Safety bulletin board? ☒ Yes ☐ No

(4) Do employees know what to do if they encounter asbestos in the building? ☐ Yes ☒ No

g. Are fire extinguishers provided and serviced as required by CAC? ☒ Yes ☐ No

(1) Are first aid kits provided as required by SAM? ☒ Yes ☐ No

(2) Is Standard Form 621 posted and up to date? ☒ Yes ☐ No

(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required? ☒ Yes ☐ No

(1) Have changes or updates been sent to the implementing agency? ☒ Yes ☐ No

6. SAFETY INSPECTION

Evaluated

☒

Action Required

☐

Corrected

☐

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6? ☒ Yes ☐ No

b. Has the 113A been completed? ☒ Yes ☐ No

c. What improvements have been made by the commander as a result of the most recent inspection?

AREA MANAGEMENT EVALUATION
Chapter 4
FACILITY MAINTENANCE AND SECURITY

(1) If recommendations required budgeting, have items been put into the budget
suspense file? *N/A*

☐ Yes ☐ No

d. Has the size of the operation outgrown the facility?

☒ Yes ☐ No

If so, what remedial action has been taken? THE AREA BEGAN LEASING A MODULE THAT SERVES AS THE MENS/WOMENS LOCKER ROOM. THIS FREED UP MORE SPACE IN THE MAIN BUILDING. AREA ALSO UTILIZES TWO METAL SHEDS AND A C-TRAIN IN THE REAR PARKING LOT AS STORAGE, WHICH ALSO FREES UP SPACE IN THE MAIN BUILDING. THIS HAS CREATED LESS PARKING SPACE IN THE REAR, WHICH GETS CONGESTED, ESPECIALLY DURING TRAINING DAYS OR AREA FUNCTIONS.

COMMENTS

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Porterville 481	Division: Central	Chapter: 4
Inspected by: Sgt. F. Aguirre		Date: 05/12/2008

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 3 hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____	_____		
Chapter Inspection: _____			
Inspector's Comments Regarding Innovative Practices: _____			

Command Suggestions for Statewide Improvement: _____

Inspector's Findings: _____

- 2. (g)(3): Items are marked with posted date.
- 2. (h)(2): Surplus items still housed at facility.
- 4. (d): Could not locate the contact information for auxiliary power.
- 4. (e): There is no log which indicates weekly testing of auxiliary power unit.
- 5. (f)(2);
 (f) (4): New employees have not been informed of asbestos issues nor given information regarding what to do

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT
Page 2

Command: Porterville	Division: Central	Chapter: 4
Inspected by: Sgt. F. Aguirre		Date: 05/12/2008

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)


Area has addressed these issues and made the following corrective actions:

- 2. (g)(3): Items are marked with posted date and removed within appropriate timeframes.
- 2. (h)(2): Surplus items have been sent on state truck to be returned to Supply Services.
- 4. (d): Contact information has been posted for auxiliary power.
- 4. (e): Area created a weekly log for use of documenting weekly testing of auxiliary power unit.
- 5. (f)(2);
(f) (4): New employees are provided with information on possibility of asbestos within the facility , and provided information what to do is encountered.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 6/16/2009
	INSPECTOR'S SIGNATURE	DATE
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

**AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

AREA Coalinga	DIVISION Central	NUMBER 4
EVALUATED BY Sgt. M. Drewry		DATE 04/23/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 04/23/2010	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____ Lieutenant D. Knoff	DATE 04/23/2009
1. USE AND ADEQUACY OF FACILITY		EVALUATED Yes	ACTION REQUIRED No CORRECTED

- | | |
|---|---|
| a. Is the facility adequate? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Have steps been taken to modify or replace the current facility? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) If a leased building, is the owner abiding by the terms of the lease agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Is storage space used effectively? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Is lighting adequate? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Does the interior of the facility have a neat, businesslike appearance? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

2. INTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
-------------------------------	------------------	-----------------------	-----------

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops? Clean, business-like, and organized.

- | | |
|---|---|
| (1) Is interior lighting adequate? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) If leased, have needed repairs been coordinated with Facilities Section? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are the duties of the janitor defined and clearly understood? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (a) Is the janitor fully aware of the supplies available through the requisition process? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is the layout of the general office areas appropriate for the assigned personnel or classification? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does the layout and equipment in specialized office areas meet the needs of each specialized function? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Is there sufficient space available in both the men's and women's locker rooms? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (1) Can several officers comfortably change clothes at the same time? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Is there enough space for both personal lockers and equipment lockers? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are there full length mirrors? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Are they clean and odor free, with adequate ventilation? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility? May 2008		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What security is provided after normal business hours? Building is locked, front office is closed, the facility is fenced with barb-wire, and there is coded-entry gate. The gate and door codes are changed periodically, and were changed during the first quarter.		
3. EXTERIOR APPEARANCE	EVALUATED Yes	ACTION REQUIRED No
a. Overall, what is the general appearance of the exterior of the facility? Business-like and well-maintained		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4. AUXILIARY POWER	EVALUATED Yes	ACTION REQUIRED No
a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? ASM Terry Taylor and Sergeant Larkin Vander Mel		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION
FACILITY MAINTENANCE AND SECURITY

CHP 453D (Rev. 5-06) OPI 009

d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? Approximately bi-monthly

(1) At what level is it refilled? 1,500 - 2,000 gallons

g. Are there adequate numbers of emergency power outlets? ☒ Yes ☐ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☐ Yes ☒ No

(1) How do Public Safety Dispatchers feel about the security provided? N/A

(2) Can dispatchers deal with the public without admitting them into the building? ☐ Yes ☐ No

(3) Should modifications be made to provide better security? ☐ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty?

(5) How often are supervisors or other personnel in the building after normal business hours?

(6) Are maximum safety and security measures taken within communications centers? ☐ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

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(2) Does the training include building evacuation procedures? ☒ Yes ☐ No(3) Do all employees know where fire extinguisher and first aid kits are located? ☒ Yes ☐ No(a) Do they know how to use them? ☒ Yes ☐ No(4) Have all employees read the Emergency Action Plan? ☒ Yes ☐ No(a) Do they know where it's located? ☒ Yes ☐ Nof. Does the building contain asbestos? ☐ Yes ☒ No(1) Are employees given a copy of the annual asbestos report to read? ☐ Yes ☐ No(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work? ☐ Yes ☐ No(3) Is a copy of the notice posted on the employee or occupational safety bulletin board? ☐ Yes ☐ No(4) Do employees know what to do if they encounter asbestos in the building? ☐ Yes ☐ Nog. Are fire extinguishers provided and serviced as required by the California Administrative Code? ☒ Yes ☐ No(1) Are first aid kits provided as required by the State Administrative Manual? ☒ Yes ☐ No(2) Is STD 621, Notice to State Employees, posted and up to date? ☒ Yes ☐ No

(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.? N/A

h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required? ☒ Yes ☐ No(1) Have changes or updates been sent to the implementing agency? ☒ Yes ☐ No**6. SAFETY INSPECTION**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual? ☒ Yes ☐ Nob. Has the CHP 113A, Safety Inspection Checklist, been completed? ☒ Yes ☐ No

c. What improvements have been made by the commander as a result of the most recent inspection?

Tree removal

Parking lot repaved and striped

Hand-sanitizers installed

(1) If recommendations required budgeting, have items been put into the budget suspense file? ☐ Yes ☐ Nod. Has the size of the operation outgrown the facility? ☐ Yes ☒ No

(1) If so, what remedial action has been taken?

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Coalinga Area	Division: Central	Chapter: 4
Inspected by: Sergeant Drewry		Date: 04/23/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 3 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: ____ Central Division _____	Due Date: _____	
Chapter Inspection: _____			
Inspector's Comments Regarding Innovative Practices:			

Area's Standard Operating Procedures and Emergency Action Plan are currently being placed onto the desktops of all Area computers. This will give all Area personnel access to a copy of these two Area manuals which contain security, response to emergencies and occupational safety information.

Command Suggestions for Statewide Improvement:

Inspector's Findings:

The Coalinga Area currently has a hill which is part of the landscaping on the north side of the building. Area would like this hill removed. This hill makes it possible for a vehicle to be driven off the city street and into windows and rooms on the north side of the Area office.

Area would also like to have a security pass system installed on the rear office doors which lead into the office. The new system would replace the old combination system.

Both of these items have been discussed with facilities section and are in the process of being implemented or will be in the future.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

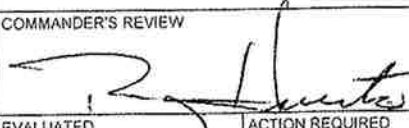
Corrective Action Plan/Timeline

No corrective action required.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 4/28/09
	INSPECTOR'S SIGNATURE 	DATE 4/28/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA Fresno	DIVISION Central	NUMBER 435
EVALUATED BY Sergeant Jon Baker		DATE 03/25/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 3/26/09
BY		EVALUATED X	ACTION REQUIRED CORRECTED

1. USE AND ADEQUACY OF FACILITY *SEE ATTACHED COMMENTS*

a. Is the facility adequate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(1) Have steps been taken to modify or replace the current facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) If a leased building, is the owner abiding by the terms of the lease agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i>
(2) Is a safe, pleasant, efficient environment created by the arrangement of furniture and equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is storage space used effectively?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) Is lighting adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(c) Are there provisions for the prompt repair of the facility (plumbing, heating, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(d) Does the interior of the facility have a neat, businesslike appearance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. INTERIOR APPEARANCE *SEE ATTACHED COMMENTS*

a. What is the condition of the floors, walls, ceiling, hallways, and counter tops?	With the exception of the ceilings, all are in fair to good condition. Ceiling tiles continually fall off and have to be re-glued in place.
(1) Is interior lighting adequate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) If leased, have needed repairs been coordinated with Facilities Section?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are the duties of the janitor defined and clearly understood?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(a) Is the janitor fully aware of the supplies available through the requisition process?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Is the layout of the general office areas appropriate for the assigned personnel or classification?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the layout and equipment in specialized office areas meet the needs of each specialized function?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the layout of the restrooms meet the needs of all employees, including those with disabilities?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Is there sufficient space available in both the men's and women's locker rooms?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Can several officers comfortably change clothes at the same time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Is there enough space for both personal lockers and equipment lockers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(3) Are there full length mirrors?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are they clean and odor free, with adequate ventilation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Destroy Previous Editions

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MAR 30 2009 TO DIV

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI-009

(5) Are lockers in good condition, with names posted on them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the employee's room have adequate cabinets and electrical outlets?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are appliances in good working order?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are bulletin boards sufficient for Area needs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are they neat and orderly?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is there a system for purging old information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do posted items have a removal date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are bulletin boards in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. When was the last inventory of items stored inside the facility?		
(1) Are items arranged in a logical manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are there surplus items that should be returned to Supply Services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) What security is provided after normal business hours? Personnel are in and out of the building 24/7, building is surrounded by a fence with electric gates.		

3. EXTERIOR APPEARANCE SEE ATTACHED COMMENTSEVALUATED
X

ACTION REQUIRED

CORRECTED

a. Overall, what is the general appearance of the exterior of the facility? Fair		
b. Are all painted surfaces neat and clean, free of peeling paint?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the outside lighting adequate and in good repair?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the building clearly identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Is the gas station clean and in good repair?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Does the gas station have a fire extinguisher readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are the fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches operating properly?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Is the paved parking area clean and in good condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are parking lines clearly painted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the violation clearance area for the public clearly marked?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is there disabled parking available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Is there a parking area designated for motorcycles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

4. AUXILIARY POWER SEE ATTACHED COMMENTSEVALUATED
X

ACTION REQUIRED

CORRECTED

a. Has the efficiency of the auxiliary power unit been tested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Who knows how to start the unit should the self-starter fail? The facilities coordinator.		
c. Are operating instructions posted and easy to understand?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION **FACILITY MAINTENANCE AND SECURITY**

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d. Is there a notice posted identifying who to contact should the unit fail? ☒ Yes ☐ No

e. Does the log indicate Area personnel and Telecommunications Section have conducted weekly testing? ☒ Yes ☐ No

f. How often is the fuel supply replenished? As needed.

(1) At what level is it refilled? 50%

g. Are there adequate numbers of emergency power outlets? ☐ Yes ☒ No

(1) Are they distinctively marked? ☒ Yes ☐ No

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

SEE ATTACHED COMMENTS

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. Does Area have a written Emergency Action Plan? ☒ Yes ☐ No

b. Does the plan have procedures for safeguarding employees during all types of emergencies? ☒ Yes ☐ No

(1) Does it have general facility security and building evacuation procedures? ☒ Yes ☐ No

(2) Does the plan work? ☒ Yes ☐ No

(3) Are there sufficient management controls? ☒ Yes ☐ No

c. Does the plan designate duties and responsibilities to specific employees? ☒ Yes ☐ No

(1) Are both uniformed and nonuniformed employees included? ☒ Yes ☐ No

(2) Are employees informed of their responsibilities? ☒ Yes ☐ No

(3) Has the commander taken all responsible steps available to provide security? ☒ Yes ☐ No

(4) Has the commander visited the facility after normal business hours to ensure security measures are in place? ☒ Yes ☐ No

d. Does the plan address dispatcher security? ☒ Yes ☐ No

(1) How do Public Safety Dispatchers feel about the security provided? Improved since the installation of a camera, electric gates and intercom.

(2) Can dispatchers deal with the public without admitting them into the building? ☒ Yes ☐ No

(3) Should modifications be made to provide better security? ☒ Yes ☐ No

(a) Would intercoms improve security? ☐ Yes ☐ No

(4) How often are two or more dispatchers on duty? 24/7

(5) How often are supervisors or other personnel in the building after normal business hours? 24/7

(6) Are maximum safety and security measures taken within communications centers? ☒ Yes ☐ No

e. Has training been given for all types of emergency situations? ☒ Yes ☐ No

(1) Have both uniformed and nonuniformed been given the training? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**FACILITY MAINTENANCE AND SECURITY**

CHP 453D (Rev. 5-06) OPI 009

(2) Does the training include building evacuation procedures?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all employees know where fire extinguisher and first aid kits are located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know how to use them?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Have all employees read the Emergency Action Plan?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Do they know where it's located?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Does the building contain asbestos?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees given a copy of the annual asbestos report to read?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are new employees notified of the presence of asbestos within 15 days of reporting to work?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is a copy of the notice posted on the employee or occupational safety bulletin board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Do employees know what to do if they encounter asbestos in the building?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are fire extinguishers provided and serviced as required by the California Administrative Code?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are first aid kits provided as required by the State Administrative Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is STD 621, Notice to State Employees, posted and up to date?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) What is the condition of other emergency equipment such as fire hoses, sprinkler systems, etc.?	N/A	
h. Is there a Hazardous Materials Business Plan on file with the local implementing agency as required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Have changes or updates been sent to the implementing agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. SAFETY INSPECTION SEE ATTACHED COMMENTS	EVALUATED X	ACTION REQUIRED CORRECTED
a. Has a facility safety inspection been conducted by the Area Occupational Safety Committee as required by HPM 10.6, Occupational Safety Manual?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has the CHP 113A, Safety Inspection Checklist, been completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. What improvements have been made by the commander as a result of the most recent inspection?	Improved housekeeping, repaired overhead lights on the east side of the parking lot.	
(1) If recommendations required budgeting, have items been put into the budget suspense file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Has the size of the operation outgrown the facility?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) If so, what remedial action has been taken?	The decision to replace the current facility has been made. The facility is scheduled to be replaced in the next two years.	

AREA MANAGEMENT EVALUATION

CHAPTER 4 –FACILITY MAINTENANCE AND SECURITY

Area Evaluated: Fresno – 435
Evaluated By: Sergeant J. Baker, #14410
Date of evaluation: March 25, 2009

COMMENTS

1. ADEQUACY OF FACILITY

The Fresno Area facilities are not adequate for its current staffing levels. The facility is kept in a neat and businesslike appearance, free from any occupational hazards.

Action Item: Area is currently in line to have a new facility built.

2. INTERIOR APPEARANCE

Both locker rooms are full and can not accommodate any additional personnel. Both locker rooms are clean and odor free.

The Area's bulletin boards are sufficient for the Area's needs. The bulletin boards are neat and orderly and items are purged in a timely manner.

The burners on the stove in the break room heat up, it is not known if the burners can be regulated. The microwave oven was replaced in 2008.

The Fresno Area last conducted an inventory in April 2008. Surplus items were returned to Supply Services.

After hour security checks are conducted by the on duty supervisor/OIC. All personnel are directed to conduct security checks while at the facility after hours.

3. EXTERIOR APPEARANCE

The overall appearance of the exterior of the facility is satisfactory.

The gas station is currently under construction. A new above ground tank is being installed. New fuel dispenser, vapor recovery hose/nozzle, air and water hoses, and shut off switches are being installed. The anticipated completion date is slated for April 1, 2009.

AREA MANAGEMENT EVALUATION

CHAPTER 4 – FACILITY MAINTENANCE AND SECURITY

4. AUXILIARY POWER

The Facilities auxiliary power unit is tested on a weekly basis and is good working order. The efficiency is tested quarterly. The Area's maintenance worker, Officer Golbek, and Sergeant Baker know how to start the unit in case it fails. Operating instructions are posted on the unit. The unit runs on propane and is refilled every two years or when the levels reach 50% or less. The fuel gauge on the tank unit is checked monthly by Officer Golbek.

The facility does not have an adequate number of emergency power outlets. There are no emergency power outlets in the briefing room. All emergency outlets are marked with red paint. There is a list of all emergency power locations and a diagram on the facilities coordinator's office bulletin board. There is also a list and diagram attached to this report. Due to the age of the facility, the cost of adding the outlets, and the current projection of having a new facility in the future, it is not feasible to add the additional emergency power outlets at this time.

5. EMPLOYEE PROTECTION AND FACILITY SECURITY

The facility has a written Emergency Action Plan. The Emergency Action Plan is reviewed annually by all personnel. All personnel are aware of their rolls and responsibilities during any emergency. The plan was tested during an actual evacuation of the office, due to smoke coming from the phone equipment room. All employees review the plan during their annual CHP 118. All employees are told and shown the location of the Emergency Action Plan in the sergeant's office. All employees are shown the location of fire extinguishers and first aid kits. The fire extinguishers are marked with a sticker above the door of the room where the fire extinguisher is located.

The facility has either a supervisor or other personnel present a majority of time. The facility has a dispatch center on site. The Commander comes in a various hours, both week-days and week-ends.

The facility could use more cameras to see the entire site, currently only the east side of the facility has a camera. The facility currently has an intercom on the east gate keypad and a phone at the front entrance. The intercom and phone make direct contact with the communications center.

The facility has asbestos on site. Employees are given a letter of notification which is reviewed annually during their CHP 118. Employees are advised not to disturb asbestos that is found in the facility. New employees are given a letter of notification.

AREA MANAGEMENT EVALUATION

CHAPTER 4 –FACILITY MAINTENANCE AND SECURITY

All emergency equipment such as fire hoses, sprinklers and first aid kits are in good working order. All fire extinguishers have been checked by a certified inspector in November 2008. All fire extinguishers are checked monthly by the facilities coordinator and annually by an outside provider.

The Hazardous Materials Business Plan is on file with the Fresno County Community Health Department,

6. SAFETY INSPECTION

The Area Occupational Safety Committee inspects the facility on a quarterly basis in conjunction with their quarterly meetings. The facility coordinator conducts semi-annual safety inspections, which are documented on a CHP 113A, *Safety Inspection Checklist*. There are no known occupational safety issues, which have not been rectified.